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SUPPLEMENT.

It is probably known to all the readers of the American Practitioner that at the late meeting of the American Medical Association, in San Francisco, I was elected President of that body. Dr. E. S. Gaillard, editor of the Richmond and Louisville Medical Journal, who had exerted all his influence in vain to defeat me, finds in my election to that high office a pretext for assailing me in one of the most scurrilous, most mendacious articles that can be found in the low journalism of any country. Without any personal grievance to complain of, without any alleged wrong to society on my part, or any act of disloyalty to the profession, but simply, to use his own words, "as an act of justice to the respectable physicians of this country," he appears in the June number of his journal in an article of nineteen pages, professing to review the history of my life, and charging me with everything that is disreputable in a physician and scandalous in a man. I am, he says, "a gorgeous balloon," which he feels in duty bound to "prick;" a "peacock," that he must rob of its fine feathers; "an ass," that he is called upon to disrobe of his lion's skin, "for the good of those easily imposed upon." He is not going to leave me, he says, till he has held me up before the public "like the bird of Diogenes, a full grown goose plucked of his feathers." He will hurl me down "from the frail little body" to the top of which I have ascended; and in accents of tenderness says:

"His (my) friends had best be prepared to lift him up, to wash him with the liniment of comfort, and to rub him down with the ointment of commiseration and sympathy." Not satisfied with phrases such as these, he must bring in "that regal outlaw, Heliogabalus," and "that libertine, the Eighth Henry," as somewhow associated in his mind with me.

I never had a word of controversy with this man. He came to Louisville a stranger to me about three years ago. I had heard of him a little while before he came as an unfortunate physician, a victim of the unhappy war just terminated, who was coming here with his journal in the hope of repairing his ruined fortunes. As a sufferer in the cause for which I had periled everything I sympathized with him, and the loss of his right arm excited my commiseration. I called upon him soon after his arrival and showed him the civilities due to an unhappy stranger. So far as I know I was habitually civil to him; but before many months I was made aware of his hostility to me, and a year had hardly elapsed before offensive allusions to me began to appear in his journal. For nearly two years now almost every number of it has contained something meant to be injurious to my professional reputation.

About eighteen months ago the American Practitioner was set on foot, and if I had been inclined to controversy I had all the facilities for it at my command. But in this journal the name of Dr. Gaillard has never appeared. I have studiously avoided all allusion to him or his journal. I am by constitution and on principle averse to professional strife. I have hitherto declined to notice the scurrilities of this editor, preferring to suffer wrong rather than be embroiled with one in his circumstances. But I feel now that I ought to be silent no longer. My friends I believe would have cause to complain if I permitted such calumnies as he has now put forth to go unchallenged. Repugnant to my feelings as it is then to appear before the public in this capacity, and especially to

engage in such a contest, with such a man, a sense of duty to myself, as well as to my friends, compels me to this vindication of my character.

In this editorial, which contains nothing but vituperation from beginning to end, Dr. Gaillard assumes to be my "biographer," and the following he solemnly avers is "history:" "At school the present President of the American Medical Association was chiefly remarkable for a sluggish mind, sluggishly exercised; for a bad morale and a deficient spirit."

This is history, is it, Dr. Gaillard? Upon whose word, pray, do you give it as such? Yours, on many accounts, will not pass. If there were no better reason, it is sufficient that you were not here when I went to school. Give up your author then or else own that you *made* this history. As for the last counts in your infamous indictment, I shall not brand them with the epithets they deserve until I know who is responsible for the falsehoods, but leave them to the scorn of a community which has known and cherished me, as man and boy, for nearly forty years. My school-days indeed were not always as well spent as I would now have had them. I recall at this distance with regret too many that were wasted. But idle as I am afraid I was, and "sluggish" as my mind may have been, I claim to have acquired at school at least the art of writing English, which is an accomplishment that the weakest of Dr. Gaillard's friends will not claim for him.

He thus proceeds with my biography: "At the period of graduation his standing was beneath that of the most inferior graduate; indeed, even lower than this, for he could not graduate, and was only allowed to do so because the sympathies of his kind-hearted Faculty were imposed upon, and because of the promise solemnly given that the man who even thus early in life had been plucked should be sent abroad and not allowed to practice. He was therefore given the degree trustingly, and allowed to depart for Europe."

Of the men who composed the Medical Faculty of the University of Louisville when I was examined for my degree, twenty-five years ago, there are now but three living, Dr. Gross, Dr. Henry Miller, and my father. I am very sure Dr. Gaillard never got the foregoing statement from Dr. Gross. It is perfectly certain that it is not made on the authority of my father. But I feel no concern about its paternity; it is an arrant, silly falsehood, which nobody will believe. It is thoroughly and ridiculously false, in the lump and in all its details. My standing as a student of medicine was confessedly good, as my fellow-students and all who knew me as a student will testify. I attach no great importance to graduating with credit. But little of a physician's success in future life depends upon the style in which he wins his diploma. Some bright students fail as practitioners, and some dull students make eminent and able physicians. But my examination, I had the best opportunity of knowing, was satisfactory to the most exacting of my friends. There was a long-time tradition in the school that Dr. Drake voted as a rule against half the candidates. But Dr. Drake not only voted for me, but spoke to my friends of my appearance before him as one of the best in all his experience as an examiner. Dr. Cobb, in his bland, courteous way, said to me, "David, you passed a beautiful examination on anatomy." I believe I received the vote of every professor. There assuredly were no conditions annexed to my degree. Something may have been said lightly about my non-age, for I was not twenty years old; but the objections were not urged.

I left home for Europe a few weeks after graduating, with kind letters from Professors Caldwell and Gross to physicians in Philadelphia, New York, and London From Philadelphia and New York I wrote to one of the editors of the Western Journal of Medicine, etc., of some things I had seen in surgery that interested me, and my letter was published in that journal. On reaching London I wrote again of medical matters and

medical men in that great metropolis, and these letters were also published. When I left London for Paris Mr. Liston kindly handed me a note of introduction to M. Velpeau, in which he said: "Dr. Yandell comes to me with the most flattering letters, and I recommend him to you as the finest young American of my acquaintance."

My letters from Paris to the Journal, of which my father was one of the editors, became voluminous. I furnished a long letter for each monthly number, until they swelled at last into a volume of over three hundred pages. While passing through the press the publishers were considerate enough to have a few extra sheets struck off, which were collected together, and on my return I had the pleasure of presenting these volumes to a few of my friends. They were never published "in pamphlet form," as Dr. G. asserts.

This critic sneers at my letters. He says they were "accepted at home as original," when "they were literal translations from the *Gazette des Hopitaux*." They were the production of a very young physician, who had studied medicine only a few years, and were not likely therefore to abound in original views. Their design was to give the last words on medical and surgical subjects in the great capitals of Europe. That which especially prompted me to write them, at a great expense of time and labor, was "the desire," as I expressed it in the last of the series, "to lighten the editorial labors of one to whom I owe all that a son can owe a father." But, contemptuously as Dr. Gaillard affects to look down from his serene tripod upon these letters, and small as doubtless is their literary and professional merit, still I must tell him that they succeeded, as they were coming out, in attracting the attention of more than one distinguished member of the American Medical Association. Dr. Oliver Wendell Holmes, in his report on American Medical Literature, in 1848, said of them: "Dr. Yandell's sprightly letters from Europe seem to have attracted more attention to the Western Journal of

Medicine and Surgery than any of its other contents. His portraits are drawn with spirit," etc.

"Sprightly letters," says the gifted, genial Holmes; "spirited portraits." "*Translated hospital reports*," growls the portentous, grim Gaillard. Well, critics, like doctors, will disagree, but possibly the reader may feel some curiosity to know what was the character of this journal of which the elegant Holmes said these letters formed the chief attraction. I will enlighten him. It was a work of no mean reputation. Its senior editor was the great Dr. Drake; its junior editor was the accomplished Dr. Colescott; and among its contributors were such writers as Prof. S. H. Dickson, Prof. Robards, Dr. Samuel Cartwright, Dr. W. L. Sutton; Drs. Boling, Harris, and Osborne, of Alabama; Dr. John Dawson and Dr. Carroll, of Ohio; Dr. Dowling, of Indiana; and more than half the professors in the University of Louisville.

I came home, according to my biographer, only to repeat my ridiculous failures, until, as he has it, "this unfortunate and discomfited pretender was practically withdrawn from active service, presenting the appearance of a monitor after the recent war, his armor battered or stripped, his heavy guns stopped, sunk beneath the surface," etc.

I returned to Louisville from Paris on the 2d day of June, 1848. On the 5th I opened an office and began to teach and practice medicine. I need not tell Dr. Gaillard of my success in business, for he knows how the people of Louisville have always encouraged me. I had at first but one student, but before the next winter was over I had a class of forty, to which I lectured on physical diagnosis. The fall succeeding I was appointed clinical assistant to Dr. Bartlett, Professor of Theory and Practice in the University of Louisville, and besides the time I gave to my duties in that office I lectured, with my lamented friend, the late Dr. Breckinridge, to a private class numbering eighty students. Unfortunately for medical teaching in this city, Dr. Bartlett resigned his chair in the University

toward the close of the summer of 1850, and went to New York. In letters to Dr. Cobb, Dean of the Faculty, and to other professors, explaining the reasons for his change, that fine scholar and finished teacher spoke of me in language which I should be ashamed to copy, if Dr. Gaillard had not made it necessary in self-defense.

"Much as I was pained to part with my associates in Louisville," Dr. Bartlett said, "I regret it less because I know that my place can be worthily and thoroughly filled." And he went on to say: "Your man is on the ground, already there, thoroughly prepared and trained for his work and none too young to begin it. My only fear is that some of your colleagues may have feelings that will lead them to think differently. If they do so, it will be their own fault and to their own detriment. There is no more doubt of Dr. David Yandell's complete and eminent success as a teacher than there is of his qualifications. My opinion ought to be worth something, for I had means of forming it, and there are no interests or feelings to warp it."

Dr. Gross, a few weeks afterward, also resigned his chair in the University of Louisville. In anticipation of that event Dr. Bartlett wrote: "If you have two vacancies, I take it for granted your folks will not be crazy enough not to put Dr. Yandell into one of them. *My* only difficulty would be *which* chair to give him, mine or Gross's. If I were there, or it were left to me to decide, I should give him that which he prefers, having reference to the filling of the other. If Eve is to be had, Yandell is best in the chair of Practice. Or could you give him Surgery, and bring back your old friend Drake? Certainly for one chair you ought not to go out of the city."

I was not appointed; but I was not "sunk beneath the surface." I lectured the following winter to a class of over a hundred students on operative surgery. The summer ensuing Dr. J. B. Lindsley organized the medical school at Nashville, which has since acquired so much distinction. He had

known me from my childhood. He will claim, I believe, to have known me well; and few scholars, his friends aver, are as good judges of men, however much he may have missed it in my case. I had been back three years from Europe. He came to see me, and in terms the most gratifying invited me to engage with him in his great enterprise. My attachment to Louisville made me decline the tempting offer; and it was well so, for the next winter found me an invalid, and for more than two years I was in the country seeking health. I returned to Louisville in the last days of 1854, began to lecture to a private class two days afterward, and in the spring of 1855 opened the *Stokes Dispensary*, where I taught clinical medicine daily until interrupted by the war. For a time Dr. Gross was my colleague at this dispensary.

In 1858 I was requested by the medical faculty to give, in the University of Louisville, a course on clinical medicine; and in the spring of 1859—my father having resigned, and there being no longer the long-urged objection to my appointment of "father and son"—I was offered his chair. I declined to accept the chair of Physiology. Prof. Breckinridge, who acted for the faculty, then asked what chair I would accept, adding that "they must have me in the school." On my signifying that the chair of Clinical Medicine and Pathological Anatomy would be acceptable to me, that chair was created and I was elected to it.

In 1861 the war broke out, and I left the school and Louisville for the army. Dr. Gaillard asks what was my "Confederate record," and proceeds thus to give it: "His duties were solely administrative. As an administrative officer his deportment was such as to destroy all possible confidence in his personal probity and professional efficiency; dictatorial, where this was allowed; insulting, when this could with impunity be attempted; notorious for chicanery and duplicity; false to those to whom he had assured friendship; disreputable in the use of knowledge coming into his possession;

ridiculed in his surgical pretensions; his surgical directions laughed at in his presence; his authority as a staff officer, with impunity defied; infamously treacherous in even his official correspondence; a base and notorious coward when publicly and privately denounced for his double-dealing, his insolence, and his bad faith; a card-player, cock-fighter, a trifler and idler; such is his record as a Confederate surgeon. There are proofs at the writer's command more than sufficient to convince any one that each and all of these assertions are minutely true."

Dr. Gaillard, during the war, was many hundred miles distant from the scene of my labors, and can have no personal knowledge of my services. He says he has proofs to establish all his grave charges. Let him adduce any and I may deem it worth while to notice *all* his accusations. I pronounce them each and singly infamously false, and content myself with this simple denial until he shall venture to give his authors for his slanders. Meantime I proceed in as few words as possible to give a sketch of my services in the Confederate army.

I left Louisville on the 11th of September, 1861, taking with me my wife and three children. I reported next day to General Buckner at Nashville, and was announced at once as Medical Director of his army. General Buckner illustrated every soldierly quality. He was the idol of the southern party in Kentucky, and led the very "rose and expectancy of the state." We had lived near neighbors in Louisville. He had known me many years. He had the whole profession of Tennessee and Kentucky from which to select a Medical Director, yet the choice fell upon "the *extinguished surgeon*," as my amiable biographer is pleased to call me. Albert Sydney Johnston, then confessedly the foremost captain in the southern army, assumed control, in October, of the Department of the West, a command which stretched from Virginia to the Rio Grande. His headquarters were at

Bowling Green where I was on duty. I had met him but a few times, and then on official business. Some weeks afterward he appointed me Medical Director on his staff. General Johnston could have commanded the willing services of any surgeon within the bounds of the Confederacy. On thanking him for the honor and saying, in perfect truth, that I thought he would have done better to select an officer of more experience, he replied, "You owe me no thanks, sir; I have given you the place because I believed you to be the best man for it."

Writing to me three years after this, General Buckner said: "I would gladly have retained the relations which existed between us at the beginning of the war, but your administrative ability fitted you for a more extended field of operations than my cramped position would allow you."

I served with General Johnston until his death. During the eventful period I received repeated assurances of his confidence and esteem. I rank these among the most valued testimonials of my life. After the battle of Shiloh I was placed in high position on the staff of General Beauregard. I have received honorable mention at the hands of this great commander. Soon after this the Secretary of War assigned me to duty as permanent President of the Army Medical Examining Board, in which capacity I had acted while stationed at Bowling Green. I was thus engaged at Columbus, Miss., when General Hardee wrote me that he had been placed in command of the Army of the Mississippi, and tendered me the position of Medical Director. I accepted it. I served with this brilliant officer until May, 1863. He had seen me almost daily from October, 1861. The following October the battle of Perryville was fought by that portion of the army with which I was connected. I was mentioned with honor in the official reports of that engagement. I was present at the battle of Murfreesboro, and received honorable mention on that occasion. When Gen-

eral Joseph E. Johnston assumed command at Tullahoma he was unfitted by ill-health for duty in the field. He had never seen me until a few weeks before. There was not a medical officer in the entire department, nor connected with the brave army which he had come to lead, whose advice and attention would not have been gladly bestowed upon this illustrious soldier. He selected me as his medical attendant. In May, 1863, when General Johnston was ordered to proceed to Mississippi, General Bragg directed me to accompany him, his health being hardly sufficiently restored to dispense with professional care.

The day after we reached Jackson, Miss., the army commenced its retreat northward. I participated in the movement for the relief of Vicksburg. I was engaged in my duties in the battles around Jackson, acting as the Medical Director on the staff of General Johnston. I received honorable mention in the reports of these several engagements. When communication was re-established with the East I made my preparations to return to Tennessee. General Johnston asked me to remain with him as Medical Director of the department. I was reluctant to leave General Hardee and my friends in the Army of Tennessee. I requested General Johnston not to require me to do so unless General Hardee's consent was first obtained. This was gotten with difficulty, and yielded only on the ground that I could be of more use to the country in the larger than in the smaller field of labor. After the battle of Missionary Ridge General Bragg telegraphed General Johnston to send me to Atlanta to attend a wounded officer. While there a telegram announced to me that I had been relieved of duty with General Johnston and ordered to report to General E. Kirby Smith, at Shreveport. Dr. John M. Johnson, who had succeeded me as Medical Director on General Hardee's staff, and who was an ornament both to the profession and the service, received a similar order. He refused to obey it and threw up his commission. How

this action, so far as I was concerned, was received at General Johnston's headquarters at Meridian may be gathered in part from a letter of Dr. Preston B. Scott, who was Acting Medical Director during my absence. "Had a thunderbolt fallen into the office," said this excellent gentleman, "I should not have been more astonished. It was so with all of us. The expression is one of universal regret." I started at once for the trans-Mississippi. My family was then at Marion, Ala. My means did not allow me to take them with me. On reaching Meridian a large number of medical officers and more than twenty general officers called to express their regret at my removal, and offered to unite in a petition to the war department that the order which separated me from them might be revoked. I declined the proffered kindness.

Dr. Gaillard is pleased to say that I was "discreditably detached from the Cis-Mississippi Department and sent across the river, to be again officially relieved of prominent service, and made an attaché at headquarters until the war terminated." And he adds: "This closes his (my) inglorious career, a career devoid of honor or even respectability."

The circumstances under which the Secretary of War directed my transfer are briefly these: In June, 1863, while serving with Gen. Jos. E. Johnston, I wrote a private letter to an intimate personal friend, Dr. Jno. M. Johnson. The letter was intended to be a simple narrative of military operations in the department in which I was serving. Its single object was to inform a friend of current events. Its ultimate destination—and it was so expressed at its close—was the hands of my wife, to be read to our children. Its design was not to criticise; its purpose was not to censure. I had no end to gain by the one, no feeling to gratify by the other. In a way which it is not material to mention here, but with which I had nothing to do, a portion of the letter found its way into the newspapers of the day. The authorities at Richmond declared the letter to be of a military character

and offensive to the administration. In consequence of this, which was termed a highly "military offense," I was sent to Gen. E. Kirby Smith. I took with me the following letter from Gen. J. E. Johnston to Gen. Smith:

"BRANDON, MISS., December 20, 1863.

"MY DEAR GENERAL—Dr. Yandell has been serving as Medical Director of this department since it has been under my command. I recommend him to you as the best officer I have ever known in that position. Besides the highest merit as an administrative officer, he is probably the most accomplished surgeon and physician in the army. Be assured that the service will be promoted by placing him in the highest position at your disposal."

I also delivered the following from that Christian soldier, General Polk:

"ENTERPRISE, December 30, 1863.

"GENERAL—Dr. D. W. Yandell has been ordered to report to you for duty, and I avail myself of the opportunity to say that I have had occasion to know him as a surgeon for the last two years. He was the Medical Director of the late Gen. A. S. Johnston, and since of Gen. Hardee and of Gen. J. E. Johnston. In all these capacities he served, as I have reason to know, to the satisfaction of his several chiefs. He is an officer of great professional skill and of high administrative qualifications, and you will find him an important acquisition to the medical staff of your department."

I reached Shreveport in February. General Smith was absent. The day afterward I was assigned to duty in a subordinate position. I entered cheerfully on the discharge of its duties. I conducted myself in such manner that on the 20th of March I was announced, in orders from headquarters, Medical Director of the department. I did not seek the place. It sought me. With but little time to organize the medical staff of the army, the battles of Pleasant Hill and Mansfield were fought. In Gen. Richard Taylor's report of these engagements that officer says: "Surgeon Yandell, Medical Director, etc., placed his energy and high professional skill at my disposition, and was of incalculable use to us.

Taking charge of the hospital at Pleasant Hill, he speedily perfected arrangements for the proper care of the wounded at that point."

The campaign ended soon after in the battle of Jenkins' Ferry. I was complimented in orders written from that field. The October following, in obedience to instructions from Richmond, I was relieved of duty as Medical Director. Col. Clay, Assistant Adjutant General at Richmond, who wrote to Gen. Smith requesting that my appointment should be revoked, said: "Surgeon Yandell was sent to your department because of this highly military offense [alluded to elsewhere], and also to remove him from that position to one in which he would have less opportunity for exercising undue influence upon the army and community." General Smith obeyed the order. His indorsement upon it was in these words: "In justice to Dr. Yandell, I will state that up to the time of being relieved as Medical Director he performed his duties ably and satisfactorily." In reference to my removal, Governor Allen wrote: "Dr. Yandell has proven himself not only worthy of the high trust which he now fills, but eminently patriotic in every respect. To my personal knowledge he has done much, and is now doing much, to hold up the hands in authority, and to render every assistance in his power to our sacred cause."

General Smith wrote to the department at Richmond that my services as Medical Director were indispensable to him. While this correspondence was going on between him and the authorities at Richmond I was continuously engaged in medical duties of one kind and another. I was subsequently restored to my place as Medical Director of the department. Accompanying the order came this letter from Gen. Smith: "In announcing your reäppointment as Medical Director of this department, I take pleasure in acknowledging your services, personal as well as official. As a devoted friend, as an accomplished and efficient officer, you have won my esteem

and regard, and merited the thanks of your corps and department."

Finally, when Gen. Smith started for Galveston, intending, after surrendering the Confederate armies at that point, to leave the country through Mexico, he selected me as the single staff officer to accompany him. Events changed our purposes, and I returned, by way of New Orleans, home.

I may here state that all the commanders with whom I served, besides being renowned soldiers, were Christian gentlemen. I was always a member of their military family. I messed at the same table with them, and bivouacked under the same tree.

My biographer goes on: "Since the war, Dr. Yandell's career in this city has been a blended history of presumption, pretension, discreditable blundering, and undeniable charlatanism."

Well, I reached Louisville on the 4th of July, 1865, two dollars in debt, and in doubt whether I should be permitted to resume my profession here. But my friends, of both parties, met me with more than their ancient cordiality. In ten days after I opened an office I had more practice than I could do, and it has been so from that day to this.

The chair of Surgery in the University had just been made vacant by the death of the eloquent Professor Palmer. Dr. Henry Miller, not then connected with this school, told me that if I would speak to my friends in the Board of Trustees I could secure the place. I replied, that the faculty knew that I was poor and would like the position, but declined to approach any officer of the institution concerning it. The present able incumbent was appointed to the chair. I re-established the Dispensary, and in connection with Dr. P. B. Scott gave daily clinical instruction to a private class. Some time after, Dr. Miller invited me to unite with him in what he deemed a very strong faculty organization, in which I was to fill the chair of Practice of Medicine. I declined it. In

May, 1867, while absent at the Medical Association, in Cincinnati, I was appointed to this chair in the University. Dr. Miller, who was then both professor and trustee in this institution, was the first to announce my election to my family.

I lectured on this branch in the winter of 1867–8. The following spring Professor Rogers resigned the chair which he had so long adorned in the University. Not being satisfied with the policy which governed the school, I signified my intention of resigning also. My friend, the late lamented Dr. Powell, begged me not to do so; but, finding my purpose was fixed, he asked me to hold up my resignation until he could send in his; "for," said he, "I have no hope of the school with Rogers and yourself out of it." We both withdrew from the University. In the spring of 1869, while quietly pursuing my practice, and without thought of again engaging in teaching, the Trustees of the University created, on the recommendation of its faculty, the chair of Clinical Surgery. I was unanimously elected to fill it. I occupy it now.

I come, at last, to speak of the grand offense which has caused the outpouring of all my unhappy biographer's spleen—my election as President of the American Medical Association. "This honor heretofore," he says, "has always been imposed, never *received*." The case, I agree, was somewhat different at San Francisco; the honor there "was imposed *and* received." But I had "the temerity," he says, "to *foist* myself upon the Association as a fit candidate for the presidency." Dr. Gaillard, on the contrary, forced my name upon it. I had been, it is true, twenty-one years a member of the Association, and was pretty well known to it. I was elected one of its Vice-presidents in 1867. Some of my friends think I could have been easily elected President if I had attended the meeting two years later in New Orleans. A good many pressed my claims to the office last spring in

Washington City. My old master, Gross, wrote me not long ago: "I hope the Association will have the good sense to elect you President." Prof. Lewis Sayre, one of Dr. Gaillard's associate editors, said in a letter to me: "I should like to go to San Francisco to vote for you for President."

But I was not impatient to attain the distinction. I thought I could well afford to wait, and started to California with the feeling that I should decline a nomination, if it were tendered me, in favor of my friend Dr. Toner, or some other member older than myself. But on my way I learned that Dr. Gaillard had been engaged in machinations to defeat me, taking it for granted that my name would be before the Association. While I was quietly about my business, and still in doubt whether I should be able to attend the meeting, he or his friends were going about the streets of Louisville trying to get the signatures of physicians to a memorial against my election; and he was writing letters to members, as he confesses, defamatory of my professional character. When I learned these things I decided to leave events to the direction of my friends, and they brought my name before the nominating committee, moved thereto, it may be, all the more actively by Dr. Gaillard's mean attacks upon me. On the second ballot, I have been informed, I received eighteen out of twenty-seven votes, or two thirds of all cast. Subsequently, before the committee and in the association, my election was made unanimous.

My amiable biographer thinks if the attendance of southern members had been larger I should have been defeated. He was never more mistaken in his life. I was indeed most generously supported by my brethren of the North, and most heartily do I thank them for their cordial support. It shows how large-hearted these physicians are, that they can so soon and so entirely divest themselves of all sectional feeling. I hope I shall bear myself in office and everywhere through life in such a way as to retain their good opinions till I die.

But "blood is thicker than water," and all my blood flows in southern veins. It is among the men of the South that I should have looked most confidently for active friends. In any crisis, my eyes would turn naturally for allies to those who have known me best and longest—to

"Souls that have toiled, and wrought, and thought with me;"

nor, I feel fully convinced, should I on this occasion, which has been one of so much disquiet to my sorry biographer, have turned to these old friends in vain.

Dr. Gaillard is greatly exercised over the newspaper notices that have appeared of me from time to time, here and elsewhere, since he did us the honor to make Louisville his home. At the same time I have not been able to find that he has been particularly offended when he has chanced himself to be the subject of one of these notices. Not a very great while ago a public lecture by Dr. Gaillard was announced, on the *Coral Reefs of Florida*, or some such subject, to be delivered on a given evening in Weisiger Hall. The evening came, but no audience came with it, and the promised discourse was necessarily postponed. Next morning, however, there appeared in one of the daily prints a flaming puff of the lecture, and though Dr. G. may possibly have thought the puff a *little* ill-timed, I never heard that he objected at all to the extravagance of the praise.

My friends, I must say, are decidedly partial to me. I believe, as Mr. Randolph once said of his constituents, "no man in the world ever had such friends." But after this harsh lecture read them by Dr. Gaillard they may possibly reform this matter and learn to praise me less, or him more, which with him would amount to about the same thing. In all seriousness, Dr. Gaillard knows full well that since he came to be my neighbor I have not been the subject of unmixed applause. He can testify that even along my noiseless way I have sometimes heard the tongue of censure and been occasionally aspersed by the pen of calumny. My

friends have indeed been too lavish of their praise, but my enemies, the while, have not been sparing of their abuse. And if I could reckon up nothing else beyond the unfailing stream of defamation with which Dr. Gaillard has pursued me in his journal these two years past, I might still, especially in view of his last atrocious effort, claim to be the best-abused man of my age in the profession.

In the course of his malicious article Dr. Gaillard indulges in dark innuendoes about some cases of malpractice with which he would *like* to connect my name, but he will be very cautious, I think, how he gives any responsible names for his vague insinuations. We shall see. He also gratifies a low instinct by using freely such phrases as "base, notorious coward," "poltroon," etc. Coming from one in his condition, he knows that it is impossible for a man to reply to such language. It must be allowed him "*as part of his defect.*" The physical infirmity which excites the pity of men makes them turn away with loathing from any personal controversy with him. Having repelled his calumnies, therefore, I let him go. I dismiss all thought of retaliation. I would not hurt so unfortunate a being if I could. "Woe is me," I doubt not, is the secret language of his heart; "woe is me, my mother, that thou hast borne me, a man of strife and a man of contention to the whole world." I can not find it in my nature to aggravate the wretchedness of a man who, if no heavier calamity weighed him down, could not be otherwise than miserable with Dr. Gaillard's temper.

His malignant article under review reveals a mind indeed ill at ease. He was eager enough to make his furious attack, but he is evidently in great doubt whether his blunderbuss will not do more harm behind than before it. And so he never gets done apologizing for the outrage which he feels that he has committed, but comes back again and again to renew his apologies. He devotes a large space to apologies at the beginning of his paper, apologizes in the middle, and

winds it up with endless apologies; and after bringing his lame assault to an impotent conclusion, fearing that he may not still have made his motives obscure enough, he comes back in a postcript filled with apologies. He begs his readers to believe that "it is a most unwelcome duty" he has imposed upon himself; that it is in fact "a most unpleasant *necessity*"—a sort of "*military* necessity"—for "the character and even *safety* of the respectable portion of American physicians." "Many of the bravest of these," he goes on to affirm, "are in despair, and look only for degradation and defeat," unless he can come with his gray goose-quill to the rescue. But his facts, he protests, "shall not be ignored nor repudiated."

But all the time it is plain enough that he fears the world will understand him. Down through all his flimsy disguises, up through all his high-sounding phrases about "duty," "necessity," and the like, he has a painful apprehension that the base feeling which lies at the bottom of this attack is clearly seen and understood. His friends have been talking to him, he says, "of his possible escape of injury and probable misconstruction." I do not pretend to know what this means, but I think it probable that some of his judicious friends have been hinting to him that in his imbecile attempt to murder the good name of a neighbor, a professional brother, and a rival, he has perpetrated something "worse than a crime;" that he has been "guilty of a blunder." Nor are his fears on this point likely to grow less with time. If his doubts plague him now, they will probably plague him a good deal more after his poor effusion has been a few weeks before a discerning public.

D. W. YANDELL.

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THE

AMERICAN PRACTITIONER:

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MEDICINE AND SURGERY.

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THE AMERICAN PRACTITIONER.

JULY, 1871.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

Original Communications.

A SIMPLE DRESSING FOR FRACTURE OF THE CLAVICLE.

BY LEWIS A. SAYRE, M. D.,

Surgeon to Bellevue and Charity Hospitals; Professor of Orthopedic and Clinical Surgery in Bellevue Hospital Medical College, etc.

By referring to any of our standard authors on surgery the reader will soon be convinced that to retain in position a fractured clavicle is a most difficult thing to accomplish; and that for this purpose a greater variety of apparatus has been invented, and plans of dressings and bandages suggested, than for the treatment of any other fracture in the body, unless it may possibly be that of the lower jaw.

Some years since a physician in the western part of this state (whose name I have unfortunately forgotten) suggested to me the propriety of dressing this fracture with an axillary pad and strips of adhesive plaster only. One to go around the middle of the arm and pulling it backward, should pass around the body, and thus retain it; while another strip,

starting from the shoulder of the opposite side, passed across the back, and pressing the elbow well forward, acting on the first bandage as a fulcrum, necessarily forced the shoulder upward, outward, and backward, and by flexing the arm and passing over it to the place of beginning on the shoulder, thus acting like a sling in sustaining the weight of the arm, and there being secured, would necessarily retain the fractured parts in apposition.

I have treated every fractured clavicle that I have seen since that time upon this plan, making more or less modification in the appliance as I gained additional experience, until I have finally reduced the treatment to *two strips of adhesive plaster, without any axillary pad;* and as such I now give it to the profession as the simplest and most efficacious plan yet devised.

In the Bellevue and Charity Hospital Reports for 1870 I published a short paper on this subject; but since that time I have so modified the dressing that I feel that, in justice to myself as well as to the plan I suggest, I should give the improvements which I think I have made.

By reference to Professor Hamilton's exhaustive work on "Fractures and Dislocations," we find that he has devoted eight pages of short quotations from fifty-seven different authors, running from the days of Hippocrates to the present time, in order to confirm the accuracy of his own observations; viz., that "fracture of the clavicle is almost always followed by deformity, whatever may be the perfection of the apparatus or the care of the surgeon."*

"Hippocrates has observed that *some degree of deformity* almost always accompanies the reunion of a fractured clavicle. All writers since his time have made the same remark. Experience has confirmed the truth of it."†

* Vidal (de Cassis), vol. ii, page 105.

† Treatise on Fractures and Luxations. By J. P. Dessault. Philadelphia, 1805. Page 9.

Velpeau says: "In oblique fracture of the middle third of the clavicle, with all the bandages imaginable, we can not prevent deformity." *

Dr. Wales says: "A fracture outside of the coraco-clavicular ligament will be attended with a posterior displacement of the external fragment, which will unite with anterior angular deformity in spite of best treatment." †

"As a general rule, it may be stated that though the reduction is so easy, yet in those cases of complete oblique fracture of the adult it will be impossible to retain it by any apparatus whatever, and union will therefore occur with some degree of overlapping or deformity." ‡

M. Mayor, of Lausanne, thinks that up to the present time *no successful* treatment has been devised; and recommends them to be treated *without* any apparatus, by lying in the horizontal posture on the back, which he says will give the most perfect union. §

Many of the most eminent surgeons of the present day, being dissatisfied with all the different apparatus and bandages devised, have adopted the views of M. Mayor, and treat all their cases of fractured clavicle by what is called the "postural treatment;" viz., lying on the back, with a pillow between the shoulders, until union has occurred.

This treatment, besides being exceedingly irksome to the patient—for it involves the necessity of a *fixed position* in the horizontal posture for a number of days—will frequently result in a non-union of the fragments if the fracture be in the outer third of the bone, the frequent contractions of the deltoid and trapezius muscles preventing the fractured extremities from remaining in *quiet* apposition.

I have myself seen two cases of this kind. In one of

* Boston Medical and Surgical Journal, vol. xxxv, page 212.

† Wales's Surgical Operations and Appliances. Philadelphia, 1867. Page 398.

‡ Same, page 399.

§ Nouveau Systeme de Deligation Chirugicale, par Mathias Mayor, de Lausanne, page 384, etc. Paris edition, 1838.

them the horizontal posture had been assiduously maintained for six weeks, and yet no union had occurred. The fracture in this case was very near the acromion. By severe friction of the extremities, and dressing the parts in the manner I shall soon describe, and putting the patient to work in the open air and thus improving his general health, I succeeded in obtaining perfect union without deformity.

When a patient is really sick and feeble from any cause, it is very irksome to maintain the horizontal posture for many days, even when permitted to change position and move from side to side occasionally; but to compel one in robust health to keep a *fixed position* on the back without movement for two or three weeks is a degree of torture which few persons will submit to. Besides, if we can keep the parts accurately in apposition, and at the same time give the patient the privilege of exercise and perhaps earning his living with his other hand, should we not be held responsible to him for his unnecessary confinement, as well as unnecessary loss of time?

All authors agree as to the deformity which occurs in fracture of the clavicle — viz., that the shoulder falls *downward, forward,* and *inward,* and that the outer end of the sternal or inner fragment always rides *over* the inner end of the outer or acromial portion of the clavicle. They also all agree as to the indications to be fulfilled in the treatment — viz., to sustain the shoulder *upward, outward,* and *backward,* and to *press* the elevated portion of the clavicle into its proper position.

My method of keeping the inner portion of the clavicle from riding over the outer portion is *by putting the clavicular portion of the pectoralis major muscle on the stretch,* and compelling it to *pull* the clavicle in place, and thus overcome the tendency of the clavicular portion of the sterno-cleido-mastoid to elevate it, which it will always do unless this precaution is taken.

M. Guillon (*L'Abeille Medicale*, Oct., 1847) came nearer the correct method of treatment than any of his predecessors when he recommended placing the arm *behind* the body instead of bringing it over the chest in front; for by this means the *clavicular portion* of the pectoralis major is made very tense, and thus prevents the elevation of the inner portion of the clavicle by the contraction of the sterno-cleido-mastoid. As far as I can ascertain, this is the first attempt to treat fracture of the clavicle by taking advantage of the muscles attached to the bone, and make *them* hold the bone in apposition by keeping them in equal tension on either side of it; but while this position of the arm behind the body drags down the inner fragment of the clavicle to the proper level, it fails to extend the clavicle, and thus permits the pieces to overlap, and also fails to keep the shoulder upward, outward, and backward, which is absolutely necessary in order to preserve the fractured portions of the clavicle in accurate apposition.

I therefore, after drawing the arm backward and retaining it there by a strip of adhesive plaster, pass another piece of plaster from the *well shoulder* across the back, and by pressing the elbow well *forward* and inward the first plaster around the middle of the arm is made to act as a *fulcrum*, and the shoulder is necessarily carried *upward*, *outward*, and *backward;* and the plaster, being carried over the elbow and fore-arm (which is flexed across the chest) to the opposite shoulder, the place of starting, and then secured by pins or stitches, permanently retains the parts in position.

I formerly commenced the first plaster on the inner side of the biceps; but I found that that muscle would roll around and the plaster would lose its hold, requiring to be renewed occasionally; and if it completely encircled the arm for the purpose of a stronger attachment, it would arrest the circulation and thus prove dangerous. I have therefore adopted the following plan: strong and good adhesive plaster (Maw's

moleskin is the best) is cut into two strips, three to four inches wide (narrower for children); one piece long enough to surround the arm and go completely around the body, the other to reach from the sound shoulder around the elbow of the fractured side and back to the place of starting. The first piece is passed around the arm just below the axillary margin, and pinned or stitched in the form of a loop sufficiently large to prevent strangulation, leaving a portion on the back of the arm uncased by the plaster. The arm is then drawn downward and *backward* until the clavicular portion of the pectoralis major muscle is put sufficiently on the stretch to overcome the sterno-cleido-mastoid, and thus pull the inner portion of the clavicle down to its level. The plaster is then carried smoothly and completely around the body, and pinned to itself on the back to prevent slipping, as seen in figure 1. This first strip of plaster fulfills a double purpose; first, by putting the clavicular portion of the pectoralis major muscle on the stretch, it prevents the clavicle from riding upward; and secondly, acting as a *fulcrum* at the center of the arm, when the elbow is pressed downward, forward, and inward, it necessarily forces the other extremity of the humerus (and with it the shoulder) *upward*, *outward*, and *backward*; and it is kept in this position by the second strip of plaster, which is applied as follows: commencing on the front of the shoulder of the sound side, drawing it smoothly and

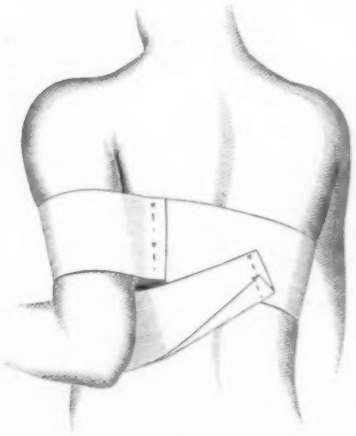

FIG. 1. Sayre's first bandage for Fractured Clavicle. Back view.

diagonally across the back to the elbow of the fractured side, where a slit is made in its middle to receive the projecting olecranon. Before applying this plaster to the elbow an assistant should press the *elbow well forward and inward* (figure 2), and retain it there, while the plaster is continued over the elbow and fore-arm (pressing the latter close to the chest, and securing the hand near the opposite nipple); crossing the shoulder at the place of beginning, it is there secured by two or three pins, as seen in figures 2 and 3.

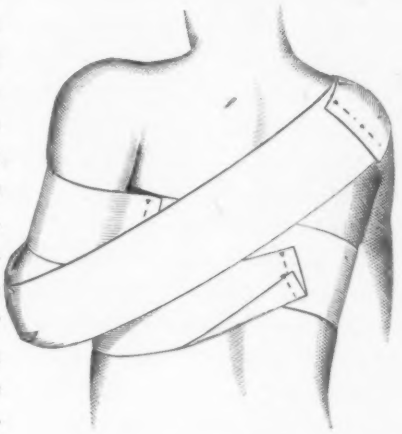

FIG. 2. Sayre's second bandage for Fractured Clavicle. Back view.

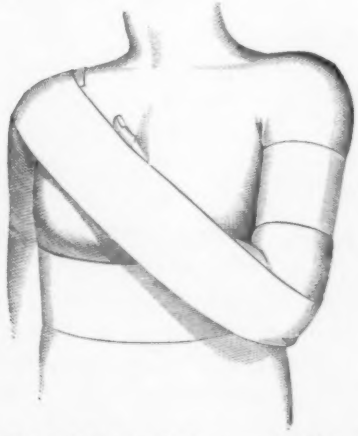

FIG. 3. Sayre's Dressing for Fractured Clavicle. Front view.

When this has been done the deformity will have entirely disappeared, the fractured bones will be accurately adjusted, and as long as the strips of plaster maintain their position no amount of force can displace them. I have repeatedly tested this fact before my class by seizing the patient by the arm of the fractured side and whirling him like a top on his feet, without ever causing the slightest displacement

or giving the slightest pain. By this plan of treatment the patient is only detained from his daily avocation a sufficient length of time to properly adjust the strips of adhesive plaster.

In one instance a prominent lawyer of this city slipped upon the ice and fractured his clavicle on his way down town. He was brought to my office. I dressed him in the manner above described at nine A. M., and before eleven he was pleading his case in the open court.

A blacksmith was brought to my office with a fracture of the left clavicle. I dressed it, and in less than an hour he was again working at his forge with his other arm, and continued his labor without any interruption. In both cases the union was perfect and without *any* deformity.

I could multiply these cases by many similar ones, and I therefore feel quite confident that if any surgeon will follow the plan suggested he will have equally good results.

NEW YORK, MAY.

REMARKS ON SUNSTROKE.

BY LUNSFORD P. YANDELL, M. D.

(Read before the College of Physicians and Surgeons of Louisville.)

Warm-blooded animals have the power within certain limits of regulating the heat of their bodies, which is therefore a fixed temperature. Cold-blooded animals, on the other hand, rise or decline in their heat with the medium in which they live. The normal temperature of a man in the axilla is about 98.5 degrees, and that of his blood about 100 degrees. When the heat of his surface sinks to 97 degrees, he feels cold and soon begins to shiver; and when it rises to 100

degrees he has fever. Health therefore may be said to be comprised within the very narrow limits of three degrees of Fahrenheit's thermometer.

The human body, unless assisted by external appliances, can not maintain its natural temperature through a greater range than 18 degrees. If exposed naked to an atmosphere below 80 degrees, its heat after a time declines, and the individual suffers from cold. There would be no draft upon our bodies if constantly surrounded by air at 99 degrees, and there would consequently be no necessity for the generation of animal heat. As it is, our heat is continually abstracted at all ordinary temperatures; and we find it necessary to counteract the tendency to grow cold by houses, fires, and clothing. Human beings, instructed by reason and aided by art, have proved themselves capable of enduring the greatest extremes of temperature. Races of men are found inhabiting climates where the thermometer rises in the shade to 117 degrees, and other tribes exist in regions where it sinks 50 degrees below zero. And even a much more intense heat than that of any climate has been endured by men for a short time with impunity. M. Chabert, styled the "fire-king" on account of his exploits with fire, entered ovens said to have been heated to 600 degrees, and hot enough certainly to bake bread. Others have remained half an hour in rooms hot enough to broil a beefsteak. In the Philosophical Transactions, giving an account of some of the earliest of these experiments, it is stated that Sir Charles Blagden and his friends, Dr. Fordyce and Sir Joseph Banks, subjected themselves to a temperature of 220 degrees; and Mr. Dobson remained some time in a room heated to 224 degrees. At this temperature beefsteak was cooked overdone in half an hour, and the process was hastened by blowing upon the beefsteak with bellows.

This faculty of maintaining a fixed temperature under such extremes of heat and cold was ascribed by the older

physiologists to a peculiar endowment of living beings. It was held to be an attribute of life distinct in character from all mere physical forces, and in a state of antagonism to all the other forces of nature. Lavoisier was first to suggest that animal heat is the result of simple chemical action, with which the vital principle has nothing to do; that, in a word, it is the product of oxidation. The oxygen of the air, inspired by the lungs and coming in contact with hydrogen and carbon in the body, sets up a combustion there by which heat is liberated precisely as it is evolved in all our culinary operations. This theory of the great French chemist, improved and extended by observation and research since his time, is now the accepted doctrine of physiologists and physicians on the subject. By this oxidizing process it is that our bodies are kept warm under the incessant loss of heat experienced at all but the highest temperatures. How is the heat kept from rising when the body is subjected to a burning sun or to the air of rooms artificially heated? So far as this is the fact, its true explanation was first given by our illustrious countryman, Franklin, who saw in it only the manifestation of another physical force, namely, the process of evaporation. The human body, when exposed in a healthy state to an exalted temperature, sweats profusely; and the perspiration, with the exhalation from the lungs, carries off the redundant internal heat.

If from any cause the skin ceases to perspire and the lungs exhale no vapor, the body becomes rapidly heated. Fourcroy mentions the case of a man who fell down apoplectic half an hour after coming out of a vapor-bath of 180 degrees, in which it was impossible for evaporation to take place. M. James, in the baths of Nero, near Puzzuoli, which are filled with moist air, was soon overcome by a temperature of 104 to 118 degrees; his nose bleeding and his head feeling like bursting when he had walked only a hundred and twenty yards along the heated chamber. The temperature of dogs

experimented upon by Sir C. Blagden rose, in rooms of 220 degrees, from 98 to 110 degrees in half an hour, because there was no cutaneous transpiration in their case to carry off the increasing heat of their bodies. His own temperature rose at first, but in five or six minutes a profuse perspiration broke out, "which afforded him instantaneous relief, and took off all the extraordinary uneasiness" he had felt before beginning to perspire. Fordyce's shirt was wet in half a minute, and Sir Joseph Banks sweated profusely. The thermometer sank rapidly in their breath, which imparted a pleasant sense of coolness to their fingers, and their bodies felt cold to their hands. But, with all the aid afforded by copious sweating and free evaporation, their breathing was quickened and their pulse accelerated; and in the case of Dobson the temperature in half an hour rose to 102 degrees. In the experiments of Berger and De La Roche in a perfectly dry air, which excited perspiration and favored at the same time its rapid evaporation, their temperature rose 9 degrees in fifteen minutes. A negro, lying lazy and dirty in his cabin, with a temperature of 98.5 degrees in his axilla, was warmed up to 104 degrees by sitting half an hour in the sun. It has been found that the heat of the body may be raised 2 degrees in a bath of its own temperature, there being no possible escape in such circumstances for the heat generated in the system. In a hot vapor-bath a man's temperature rose in forty minutes to 107 degrees, when swooning and other alarming symptoms came on and put a stop to the experiment.

Of the animals that accompany man in his migrations north and south, the horse and the allied species alone equal him in the capacity of enduring heat, and this they do because they perspire. The dog accompanies him to the north pole, and braves a severity of cold sufficient to freeze mercury in the open air, but only the horse toils with his master under a tropical sun. Perspiration in the dog is limited to the lungs, fauces, and mouth.

The temperature of the human system, even when disturbed by disease, has but a very limited range. It has rarely been seen above 110 or below 91 degrees. The highest ever noted was 112 degrees, which was in a case of idiopathic tetanus just before the death of the subject. Any greater heat is incompatible with life. At 109 degrees it has been remarked, and the statement is probably true, that "the body begins to be permanently destroyed." A change takes place in the blood about that point which renders it unfit to perform its offices in the economy. When the temperature of dogs and rabbits tied to a board in the sun rose to 114 degrees they invariably died, and in most instances death takes place before so great a heat is attained.

Sunstroke is produced by heating the body above its natural temperature. It occurs in rooms artificially heated, or rendered oppressive by solar heat and crowding, as well as in the direct rays of the sun. It is a casualty of hot weather. Dr. Rush, who attributed the sudden deaths occurring in summer to drinking cold water, states that such accidents in Philadelphia seldom happened, except when the thermometer stood above 85 degrees. They vary in frequency with the heat of the summer. Dr. Dickson refers to the summer of 1824 in Charleston as one in which such casualties were more numerous than in any twelve years before or since. The greatest annual mortality from this cause that had been recorded in the City of New York up to 1853 was thirty-six, but in that summer two hundred and sixty deaths from sunstroke were reported. The mayor of New Orleans in 1854 announced "that sunstroke in that city toward the close of June had proved epidemic, so to speak."

The summer of 1868 was one of intense heat all over our country. The meteorologists of Boston stated it had not been so warm there before in a hundred years. Mr. Lawrence Young, who has kept tables of the weather for a great many years near this city, found July, 1868, hotter than the corre-

sponding month of 1854, when the heat was repeatedly above 100 degrees. In Boston cases of sunstroke were frequent, and in Louisville we had eleven deaths reported in the week ending the 18th of July, which is a fatality far exceeding anything ever before known here from that cause. About the middle of the month three horses died suddenly in the street-cars on the same day from the effects of the sun and over-driving. In Albany, N. Y., the thermometer on the 15th rose to 104 degrees in the shade, and on that day there were twelve fatal cases of sunstroke. On the same day there were twenty cases and thirteen deaths in Cincinnati, and in the same period eight head of cattle and eight horses died there from overheating. In the City of New York on that day there were thirty-nine cases of sunstroke and twelve deaths; and on the 16th the statement was published that in the the preceding fourteen hours there had been one hundred cases in the city, about half of which had proved fatal. In three days, from the 14th to the 16th inclusive, two hundred and fifty deaths were announced in and around the city. Dr. Morton, whose name is associated with the discovery of anæsthetics, was one of its victims on the 16th.

Attacks are most frequent during the hours of the day when the heat is at its maximum and men are engaged in laborious exercise. Out of sixteen cases reported by Longmore, ten occurred between the hours of two and five P. M., and five between five and nine P. M., when the heat had hardly begun to decline. In Mr. Cotton's experience at Meerut nearly all the casualties occurred toward evening, when the thermometer stood highest. In sixty cases reported by Dr. Swift, three appeared between eight and eleven A. M., forty between eleven A. M. and four P. M., and seventeen between four and nine P. M. But the casualties are by no means confined to the day or to the hours when men are active. In a French ship at Rio Janeiro one hundred cases were afforded by a crew of six hundred, and most of them occurred at night,

when the men were breathing a hot, suffocating, impure air. Attacks at night are common among the English soldiers in the crowded barracks of India, a vitiated atmosphere conspiring with heat to bring on the affection by rendering the blood impure, as well as by raising its temperature.

Clothing unsuited to the climate and season may be mentioned as another circumstance which favors the occurrence of sunstroke. English writers speak of the thick, heavy uniforms of British soldiers in India as one of the influential causes of the disease; and cite as proof of this the fact that sportsmen, dressing in light, loose clothing, expose themselves to the same heat as the soldiers in pursuing their exciting amusement without any apprehension of the casualty. Whatever retains the heat of the body or impedes the circulation of the blood must act injuriously upon men on the verge of a fatal temperature.

The last circumstance to be mentioned coöperating with heat to induce sunstroke is the want of acclimation. All observers agree that the accident occurs much more frequently with those who are not inured to the climate. Irish laborers have been the most common victims in this city, and no doubt the remark is as true of other cities where deaths from this cause are more frequent than in Louisville.

The attack may come on suddenly, without warning; or, on the other hand, may afford ample warning. In some cases the first symptom has been a burst of laughter, or the starting up and struggling of the patient to escape from some imaginary danger. Often he falls insensible and unconscious when at work, having given no indication of distress; but more frequently it will be found that he has complained for hours, or it may be for days, of heat and dryness of his skin, embarrassed breathing, and a general sense of uneasiness or distress. The skin in all cases has ceased to perform its function. The surface is not only hot and dry, but rough and scaly. The lungs are oppressed, and exhalation from their

surface is diminished. The temperature of the blood thus rises constantly, at the same time that the waste tissues render it impure, and the heat of the surface becomes intense.

The morbid appearances found in the victims of sunstroke after death have not been uniform. Dr. Dowler detected profound pulmonary congestion in all the subjects examined by him in New Orleans. So did Dr. Russell at Madras. "The lungs," he says, "were congested to blackness." The brain was intact in every case. Dr. Pepper, in his cases in Philadelphia, discovered no unusual appearances except in the heart, which was pallid, flaccid, and softened, and its lining membrane dark in color. He refers all the morbid phenomena of sunstroke to nervous exhaustion. In six cases examined by Dr. H. C. Wood the venous trunks of the meninges were engorged, but there was no congestion of the substance of the brain. Dr. Flint, on the contrary, found cerebral congestion in every subject dissected at the Bellevue Hospital.

Death from sunstroke, writers on the subject agree, may be brought about in at least four different ways: 1. By *syncope*, such as results from severe concussion of the brain and spinal marrow; 2. By *asphixia* or apnœa following pulmonary congestion; 3. By *cerebral congestion*, the patient becoming *comatose* and occasionally having convulsions; and 4. From *serous effusion* within the cranium, the patient having rallied under the first alarming symptoms and appearing for a time convalescent. No doubt in many cases congestion of the lungs coëxists with cerebral congestion. In the instances in which the patients expire almost instantaneously death is unquestionably due to nervous shock, especially to shock of the medulla oblongata, true syncope being the consequence.

It follows, from what has just been said, that the treatment of sunstroke can not be the same in all cases, but must vary with the varying morbid conditions. In some nothing can be done. The patient is moribund from the beginning, and dies

in a few minutes. In cases of syncope, if death is not instantaneous, the treatment is the same as for concussion of the brain. In a majority of cases the douche is the most promising remedy. The patient is to be kept as quiet as possible, and if under the use of the cold water his pulse sinks, the application must be discontinued. Dr. Rush advised laudanum in sunstroke, but in such cases as those just referred to the patient is unable to swallow. Cold or stimulating enamata may then be administered. Blood-letting, of course, is inadmissible in this state of things, and indeed is now generally condemned in this affection. Nevertheless I have seen states of the system in which I thought it was indicated. The following is a case in point:

A robust Irishman complained, on the 14th of July, 1868, of great oppression from heat. His skin was dry and hot, and his face flushed; he was tremulous in his motions, and had a restless, anxious look. He walked out of his grocery about three o'clock, P. M., in the belief that exercise would induce perspiration. Disappointed in this, and finding the anxiety and sense of oppression increasing, he went to a drug-store and took an ounce of whisky with some paregoric. After this he again walked out, and returning to his room about five o'clock was suddenly seized with apoplectic symptoms. His face was livid and turgid when I first saw him, at half-past six, and in a few moments afterward he died.

I can not help thinking that bleeding in this case, if it had been resorted to on the occurrence of the attack, might possibly have brought about a different result. But the lesson which the case especially teaches, and to which all the facts in the history of sunstroke conduct us, is the practicability of obviating the accident. By proper care it would seem that the casualty ought always to be averted. It has been shown to be the effect of undue heat, and as the heat of the body of the balance struck between that which is generated and that which escapes from it, we have only to take care that the

sources of supply do not exceed the waste. Exercise, which is a heating process, should if possible be moderate; clothing should be of the thinnest materials and loose; cold water should be drunk freely, as affording matter for cutaneous transpiration. It must be seen that the skin is moistened with perspiration. The moment a man at work in the hot sun ceases to sweat he is in danger of sunstroke, and should at once quit work and supply the deficient moisture of his skin with water. This is indispensable to the reduction of the accumulated heat of his body. Water is the resource when the body is subjected to an inordinate temperature. After too long a draught upon the system perspiration fails, and nothing will then avert sunstroke but the timely use of water to the surface. A man may work long in a hot sun, or labor or sleep in a heated room, with impunity, provided he keeps his skin and clothing wet with water. Can any one doubt that my patient, if he had applied water steadily to his skin till cooled off, instead of stirring about and drinking whisky and paregoric to make him sweat, might have escaped his fatal attack? Can it be doubted that in all the cases where men have dry, harsh, hot skins for hours together, and with it a sense of oppression and anxiety, the impending danger might be turned away by these cooling measures?

I will only add, in conclusion, that these principles are equally applicable to the management of horses in hot weather.

Dr. D. T. Smith remarked on the paper just read that there were some points not fully elaborated in it, and some statements not entirely borne out by facts, though in the main he fully agreed with the writer. The statement that very high temperature is necessary to the production of sunstroke is undoubtedly true; but that this high temperature must be continued a long time had not been mentioned. Excessive heat for a short time will not produce it. The nervous exhaustion attending these attacks is shown by the

cessation of perspiration and the contraction of the pupils. Some cases supposed to be sunstroke lack this symptom, and are thereby known to be spurious. Among the prodromic symptoms is frequency of micturition. One very useful means of prophylaxis is the filling of the hat with green leaves, which wards off the direct rays of the sun and favors perspiration about the head. One feature in the cold-water treatment is worthy of notice: if the pulse becomes weaker while it is applied, it should not be persevered in.

Dr. Hornor stated that he used to spend the summer in the country in Pennsylvania, where he frequently assisted in the rye-harvest, which is in July, the hottest time of the year. In this all the circumstances seemed to combine which usually produce sunstroke—great heat long-continued, obstruction of the air by the tall rye, no shade, but the direct rays of the sun beating down on their heads; and yet they enjoyed perfect immunity from sunstroke, never having a single case among thirty or forty reapers. He attributed this to the fact that at each end of the field, and sometimes in the middle, they had an abundance of water, frequently iced, of which they drank copiously every time they came within reach of it, and also washed their hands and faces. He regarded the free use of water, externally and internally, an excellent prophylactic.

Dr. Milhoe, of the army, being present as a visitor, was requested to give the result of his observations on this subject. He stated that he had been stationed for some time on the Colorado River, where the mean temperature in the shade was 105 degrees, but frequently rose to 112, 114, and even 120 degrees. He corroborates Dr. Yandell's statement as to the necessity of loose clothing and the free use of cold water. The soldiers usually wore straw hats, with a hole in the top, and filled the crown with leaves or wet sponge. They wore flannel shirts, in order not to check perspiration. When cut off from water sunstroke was frequent among them.

They drank enormous quantities, often two or three gallons a day. Having no springs, they were obliged to use river-water, which was very warm. Their method of cooling it was to keep wet blankets around the vessels containing it, by which means they could reduce the temperature of the water to about 80 degrees, which tasted cool to them in their heated atmosphere. They also took the *cup-bath*, which consisted in pouring cupfuls of water over their heads and letting it run down their bodies. In order to sleep comfortably, they would wet the ground and lay mats over it. The evaporation from this kept them cool while sleeping on the mats. By the employment of these means sunstroke was rare among them. He used to regard sunstroke as congestion of the brain, but he had seen cases in which the surface was cold and the pupils contracted. In such cases the stimulating treatment was employed.

LOUISVILLE.

DIFFERENTIAL DIAGNOSIS OF ACUTE PHTHISIS AND TYPHOID FEVER.

BY LEVIN J. WOOLLEN, M. D.

To diagnose between acute phthisis and typhoid fever is in many cases exceedingly difficult. There are few physicians long in practice who have not been brought face to face with this difficulty, and earnestly desired more light upon the perplexing subject.

The most familiar works on the practice of medicine do not give this differential diagnosis the consideration which its importance demands. Niemeyer states that in acute miliary tuberculosis the symptoms are "so very like those of typhus that the most experienced diagnosticians acknowledge to

having met with instances in which a diagnosis between the two was absolutely impossible, and where patients dying with a diagnosis of typhus really had died of tuberculosis, and conversely." Yet Niemeyer's rules for the diagnosis are very unsatisfactory when applied to these diseases, at least as they occur in this part of the country.

Dr. Flint says that in making a diagnosis typhoid fever is to be excluded by the absence of the characteristic symptoms which belong to the clinical history of that disease; but unfortunately in acute phthisis we have many of the more prominent symptoms of typhoid fever. Da Costa states that acute phthisis "often begins with a chill; fever follows; at first like any inflammatory fever, with thirst, anorexia, quickened pulse, parched lips, and hot skin; but soon accompanied by exhausting night-sweats and rapid emaciation, which, in connection with the intense restlessness and prostration and the frequent supervention of delirium, may cause the febrile disturbance closely to resemble typhoid fever." Again, the same eminent diagnostician says: "Acute phthisis may simulate other affections besides those of the chest. It has at times the delirium and prostration, the dry tongue and the bronchial *ralés* of typhoid fever. The diarrhea and the abdominal symptoms are, however, wanting. Yet simultaneous deposition of tubercles in the intestine may cause these; and in this case the only mark of difference from typhoid fever is the absence of an eruption."

My own experience is that the peculiar eruption of typhoid fever is observed in but few cases. I have been so often disappointed in my efforts to discover it that I now seldom look for it, endeavoring to base my diagnosis on other and more certain grounds.

In the further study of the means of distinguishing between these disorders, it will be best to examine the prominent symptoms occurring in each, and endeavor to show to which the weight of each symptom belongs.

According to Niemeyer there is, as a rule, an earlier appearance of the cough and dyspnœa and a greater intensity in tuberculosis than in typhus. In exanthematic typhus there are early and violent bronchitic symptoms; but the eruption of this disorder is highly characteristic, while there is none in miliary tuberculosis.

My answer is that in the western states at least we have cases of typhoid pneumonia where the cough and dyspnœa are prominent symptoms from the beginning, the abdominal disorder succeeding in a few days.

The author just referred to then asserts that in almost all the cases of abdominal typhus a careful examination will reveal a few spots of roseola upon the upper region of the abdomen. But, as I have already stated, the characteristic eruption of typhoid fever is, according to my observation, rarely discovered.

The third point referred to by Niemeyer is enlargement of the spleen, rarely found in acute miliary tuberculosis, and then but slight; is almost always found in abdominal typhus. In reply it may be stated that the physician would not feel himself justified in resting his diagnosis upon such evidence of an enlarged spleen as he could obtain; for did he believe, for example, that his case was one of acute phthisis, he would be very liable to attribute the increased dullness from such enlargement to tuberculous deposition, or other pathological change in the lung itself; and, on the other hand, were the case typhoid fever, intestinal tympanites would seriously interfere with the requisite examination below the false ribs. Besides, it has been justly observed that the spleen is sometimes found greatly enlarged without any apparent connection with other affections. "The enlargement may be of short duration; and it is then probably due, mainly or exclusively, to an accumulation of blood or engorgement."

While, according to Niemeyer, meteorism, liquid stools, and tenderness in the ileo-cœcal region—symptoms absent

in acute miliary tuberculosis—are almost always present in abdominal typhus; yet, according to Da Costa, they may occur also in the former affection from a simultaneous deposition of tubercles in the intestines.

Niemeyer's fifth point is that typhus rarely supervenes upon chronic disease of the lungs, while the other seldom attacks others than those thus suffering, and hence dullness at the apex of either lung is of great diagnostic significance.

Yet in our country typhoid fever sometimes does attack those who have chronic pulmonary disease, or such as have, to use their own words, "weak lungs." These cases, however, have a less fatality than those occurring in persons previously robust and healthy, especially just after adolescence. Marked dullness at the apex of either lung will seldom be found; "for the tubercles being minute and discrete, and moreover existing equally in both lungs, exploration of the chest may furnish no marked disparity in the resonance on percussion, and none of those modifications of the respiration and voice which denote pulmonary solidification."

Finally, Niemeyer states, upon the authority of Wunderlich, that the temperature is much lower in acute miliary tuberculosis than in typhus, seldom reaching 104° F., and is out of all proportion to the great rapidity of the pulse.

The evidence derived from temperature can only be corroborative; it is not sufficient to determine a doubtful diagnosis. And, moreover, few physicians are provided with thermometers, or at any rate are in the habit of making thermometric observations, at least in country practice.

Having thus examined these points as presented by Niemeyer, and found them by no means conclusive, the inquiry still remains, How are the two diseases to be distinguished? It must be acknowledged that no *entirely* satisfactory answer can be given. From my own experience, somewhat limited it is true, I would say, first, that the *facial expression* will be of as great value as any one symptom.

Thus the patient has a peculiar look or expression in severe cases of typhoid fever (and these are the ones we are liable to confound with phthisis) not found in any other disease. Of course it is not possible to convey in words an intelligent description of such expression. It is something to be learned at the bedside, and there only. "The countenance is marked by great debility and tremulousness of the muscles, and by great sinking. The bones are more prominent, the intervening spaces more sunk and depressed, than natural. The surface is sometimes slightly flushed, and sometimes cool and clammy. The eye-lids are frequently partly closed, and the eyes suffused, dull, and covered with a film of mucus. The mouth is apt to be partly opened; the teeth and lips affected with dark-colored glutinous sordes. The articulation is difficult and imperfect, and attended with great effort, and with tremor and an inadequate action of the lips and of the tongue, which is put out with tremor and difficulty."

Next, in those cases of acute phthisis that have come under my own observation, in which the delirium appeared early, I found it more *active* than the ordinary *typhomania*. Thus in one case, where acute phthisis supervened upon rubeola, the patient during most of her waking hours for a few days was engaged in singing hymns—many of them being improvised.

The dull eye and half-closed lids of typhoid fever were absent, and *her mind dwelt on things around her*, in this respect differing from typhoid fever, in which disease, as Watson says, the mind is elsewhere. "The patient wanders at first in the night only, and the delirium commonly appears on his waking from disturbed sleep. Sometimes he can only be kept in bed by the imposition of some restraint. Usually, however, his rambling is of a tranquil kind, and without agitation. *His mind seems elsewhere.* He is inattentive to all that passes around him; but he lies still, muttering disjointed words or sentences, like a man talking in his dreams."

The evidence afforded by the tongue is entitled to some though no great weight. In those cases of acute phthisis to which my attention has been called, the tongue, if it became dry, pursued a different course in attaining its dry condition from the *ordinary* dry tongue of typhoid fever. Thus, I believe without exception, I noticed that the organ was covered with a white fur, which became thicker and more prominent until it "slipped off" hurriedly, as it were; and, instead of leaving the surface in anything like a normal condition, it was found to be *red, glassy, and dry.* In ordinary cases of typhoid fever the tongue, being covered with a white coat, gradually changes to a brown; and this brown coat, becoming more prominent, even shows signs of dryness; the dryness in most cases beginning at the tip and in the center, and gradually extending over the whole upper surface of the organ. I am aware, however, that in some cases of typhoid fever the coating falls off suddenly, and leaves the surface red, glassy, and dry. In such cases I think I could trace, if not tubercular deposit in the intestines, at least a marked tubercular diathesis; and the patients, if they recover from the existing disease, will as a rule ultimately fall victims to phthisis.

MOOREFIELD, IND.

THE THERAPEUTIC ACTION OF QUININE.

BY T. F. WORRELL, M. D.

Few medicines are given in so many different forms of disease or conditions of the system as quinine. Justly regarded as one of the few specifics found among therapeutic agents, its uses have been far wider. Effects apparently the most diverse have been attributed to it: in one case it is used

for its stimulating power; in another as a tonic; in a third as a sedative.

Accepting the creed that debility is the only common condition in all diseases, the explanation of the general utility of quinine as a tonic and restorative is obvious. I believe that by this creed we can explain the general use of this agent, and also reconcile, at least in part, the diverse views as to its therapeutic action of leading authorities. Some of these diverse views I will here quote.

Headland, *On the Action of Medicines*, says: "Quinine is a hematic; that is, a blood medicine. It supplies a want in the blood which nothing else seems capable of supplying, and also stimulates the flow of bile."

Jones, *Functional Nervous Disorders*, asserts that "quinine exerts its special influence as a nervine by its power of curing neuralgia, not only of malarious origin, but also when caused by influenza or mere debility. Its power over malarious fever is explicable on the same view. It checks the paroxysms by virtue of its toning influence on the cerebro-spinal and sympathetic system. Its use is limited by its tendency to cause contraction of arteries to an undue extent, producing defective supply of blood."

Flint, in his *Practice*, says: "For the cure of ague, quinine is a *specific*, if any remedy is entitled to this appellation."

Dunglison, in his *Cyclopedia*, says: "It will be readily understood that we employ quinine for the object of suspending the paroxysms, and not on account of its tonic properties."

Drake, in his work on the *Principal Diseases of the Mississippi Valley*, says: "Quinine can not be referred to the class of diffusive stimulants, nor to that of tonics. It has better claims to be regarded as a sudorific. With great propriety, however, it may be regarded as a sedative and antispasmodic narcotic. In full doses it diminishes the frequency of the heart's action, expands and softens the pulse,

and tranquilizes the innervation. The effects ascribed to it characterize it as a medicine which produces a peculiar change, and constitute it an alterant of a particular kind. And this effect stands specifically opposed to that produced by the cause of autumnal fever, and on this accidental opposition depends its efficacy in all the forms and varieties of that fever. And in reference to those diseases quinine may be said to be antiperiodic and antidotal. Its curative relations to malarious fever are like those of mercury to syphilis, or of iodine to scrofula."

Wood and Bache, *Dispensatory*, say "that, besides the mere excitation of the ordinary functions of health, it (*i. e.*, quinine) produces other effects upon the system which must be regarded as peculiar and independent of its mere tonic operation. The power by which it interrupts the progress of intermittent or periodic disease is more than is understood by its tonic properties; for no other substance, however powerful may be the excitement which it produces, exercises a control over intermittents at all comparable to that of quinine. As it is probable that in the intervals of these complaints a train of morbid action is going on out of our sight within the recesses of the system, so it is also probable that quinine produces in the same system an action equally mysterious, which supersedes that of the malady, and thus accomplishes the restoration of the patient."

Bennett, in his *Practice*, says: "Quinine is spoken of as being a tonic in small doses. This property seems to have been attributed to it on account of its bitterness, as well as its remarkable effects in the cure of ague. But whether it increases the appetite, stimulates the digestive organs, or in any other way operates by increasing the tone of the system and improving the nutritive powers, is a circumstance which, though generally adopted as true, admits of strong doubt. If quinine be a *sedative* in large doses, it is the only one of that class of remedies which is tonic in small doses. No doubt

it is frequently given to convalescents and weakly persons who get better under its use; but whether this is owing to the quinine, or would not occur equally well without it, is a matter very difficult to determine. Of one thing I am satisfied, namely, that it is far inferior to many metallic and other vegetable drugs, and consequently a medicine with such known valuable antiperiodic properties should not be wasted in endeavoring to produce effects so very doubtful as the tonic virtues which have been ascribed to it. For many years therefore I have not given quinine as a tonic, and have yet to meet with a case where it is necessary to administer it in order to increase the strength of the system."

This is the testimony of a leading advocate of the modern ideas of disease, one of the most conspicuous doctrines of which is that disease necessarily induces *debility*, and therefore requires sustaining and restorative treatment. In the collation of opinions I have quoted the language of eight of the best authors who have written on this subject, from which it is apparent that they differ very widely. In regard to the *dose* of this drug, it may be said that it varies from one to one hundred grains. I will also say that, though it is administered in almost all cases of typhoid fever, it can not be relied on to modify or abbreviate this disease. I have employed it in many cases, running through a period of twenty years, and omitted it in others, and conclude that it is of no value; and yet it it is probable that many practitioners in our country resort to it early and continue it through every stage of this malady, with great confidence in its remedial properties.

In the light of my own observation, and in the exercise of my best judgment, I do not hesitate to oppose the doctrine that quinine produces its effects simply by virtue of its tonic properties, but that it acts in a manner entirely *sui generis*. And though the theory of its operation as a hematic or as an

antidote can not in the present state of our science be *demonstrated*, such is probably its *modus operandi.*

As there is no diversity of opinion in the profession as to the nature of ague and its cognate diseases—all conceding that they are produced by a vegetable, malarious poison, which finds its way into the blood chiefly through the organs of respiration—and as all agree that quinine is almost if not quite a specific remedy in this class of diseases, it seems logical to conclude that quinine has the property of suspending or of neutralizing this subtle element whose manifestations occur in so many forms. And is it not rational to infer that this mysterious element is present in some degree in a large proportion of the disorders which occur in malarious districts?

If this view of the subject be admitted, then it follows *a priori* that the administration of quinine in so great a variety of conditions is not empirical, but rational.

In support of the theory that it acts by holding in temporary abeyance the *materies morbi* of periodic diseases, we need only refer to the fact, familiar to us all, that after these paroxysms have been thus suspended they are liable to recur without any new exposure to the cause of the disease. And this must indeed be the theory of those who regard it as a tonic and nothing else.

I will only add that it is remarkable that so little has appeared in our journals of medicine for many years on this interesting subject; and that I shall be abundantly rewarded if this imperfect *resumé* shall be the means of stimulating others to greater diligence in searching the evidences which may yet settle this interesting question.

BLOOMINGTON, ILL.

FOREIGN CORRESPONDENCE.

LONDON, APRIL 15, 1871.

To the Editors of American Practitioner:

As might be supposed in a great medical center like London, we have the fullest recognition of specialities. Even among the general practitioners men become famous in certain things, and we have lung men and liver men and kidney men, etc. No doubt one of these days we shall have a pancreatic man, when the physiological differences in regard to that gland are settled. I have been told an anecdote in this connection. Dr. Budd was doing a "swinging" (I beg you to believe this is the British expression) practice, especially on the stomach. He thought one morning he had discovered a diabetic tendency in himself. He rang his bell and said to his servant, "I see no more patients;" and he did not. Then the field was clear to Brinton, but he died three months later before an heir had declared himself. Here was a dilemma. Men rushed about with their stomachs in their hands, and no one to take care of them. Seeing the crisis, up rose Wilson Fox, who wrote his book, and the great gastric legacy fell to him.

There are hospitals too for special diseases only—for the eye, for the rectum, for syphilis, for the throat, for deformities, for epileptics, for diseases of women, for consumptives, etc. Leaving an account of the general hospitals — Guy's, Bartholomew's, and others—until I come to speak of the London schools and degrees, I shall devote a greater portion of this letter to a description of their special institutions.

One of the busiest medical scenes in London is at the Royal Ophthalmic Hospital in Moorfields. There are eye hospitals in almost every quarter of the city that I have been, but this is by far the greatest. I imagine it is second to none

in the world. Its out-practice especially is enormous. I see by its report that ninety-five thousand cases are thus treated annually. Besides these about thirteen hundred are received into its eighty beds during the same time. The out-practice is attended to daily from nine to twelve. On the mornings I have attended there its waiting-rooms have been literally jammed with patients. These are formed into lines, and present themselves in turn at one of the four desks at which the surgeons stand. Patients are admitted by "governor's letter," as is the usual mode in London hospitals; and each one is then presented with a printed form, upon which the surgeon, from day to day, records the history of his case. Immense volumes of these clinical records are thus obtained. At the first desk stand Mr. Bowman and Soelberg Wells; at the second, Mr. Lawson; at the third, Mr. Cowper and Mr. Adams; and at the fourth, Mr. Critchett. A great deal is done in the way of fitting glasses, which are furnished free of cost or at a moderate price. The cases are disposed of carefully but rapidly. When any doubt as to the diagnosis exists they are passed to the ophthalmoscope-room. I saw here quite a number of cases of white atrophy of the optic nerve, which Mr. Critchett says occurs nine times out of ten in men, and is oftenest caused by tobacco and drink. I witnessed also some diphtheritic ophthalmia and a case of cysticercus. With these exceptions the cases treated at the desks were of the ordinary ophthalmiæ, and offered nothing of special interest. The changes were rung on atropia, nitrate of silver, and tonics. I saw no sulphate of copper used.

Mr. Soelberg Wells is a large, fine-looking man, with a German cast of countenance. Although his hair is prematurely gray, he looks rather young for a London celebrity. He scarcely shows above forty, and tones that epoch down with a dash of manner and dress. Besides his position in Moorfields, he is the ophthalmic surgeon at King's. He retains his surgical title of "Mr.," although he is in addition

a "doctor" of Edinburgh. Mr. Bowman you would mistake for a clergyman. His manner is singularly gentle, and his features indicative of the greatest goodness. Perpetual good humor will describe Mr. Critchett. He will take any pains to explain a case, whether one or many are listening. His illustrations are frequently in anecdote, and almost always quaint. "What a singular prejudice," he says, "there exists against certain classes wearing glasses! Imagine a housemaid in spectacles! A lady once brought to me her coachman to see what was the matter with his eyes. I found him dreadfully near-sighted. How he had kept from breaking her neck I do not know. I told her he must have glasses. She was perfectly horrified. Who ever saw a coachman in glasses! I told her nothing was easier. Let her start the fashion and make her man wear a single eye-glass, such as West-end swells use, she would find that in a week or two all the coachmen in 'Rotton Row' would have them. I do not know whether or not she followed my advice."

As each surgeon finishes with his out-practice below, he goes above to the operating-room to dispose of such cases as demand surgical interference. I give you from my diary what took place there last Monday morning, that you may see the extent of this field. I saw an extirpation, two iridectomies, and an extraction by Mr. Critchett; an extirpation, a pterygium *tied*, and an opacity needled by Mr. Bowman; also a fluid cataract sucked with the syringe by the same gentleman. Mr. Lawson cut for squint, and in another case excised the hair-bulbs for trichiasis. Mr. Cowper extracted a foreign body, and performed Snellen's operation in limited trichiasis. (A needle was passed through the lid armed with a double thread. The offending hairs (two) were separately placed in the loop of thread, and drawn back through the opening made by the needle.) Mr. Soelberg Wells extirpated an eye and performed two iridectomies. I confine myself almost to the bare enumeration of cases. Being as well acquainted as we are with

the practice of these men through their writings, there would be but little that is distinctive to describe. I note that Mr. Critchett uses Noyes's speculum in operations; that he did not perform his own operation in abscission; preferring to extirpate when there is the least appearance of sympathetic trouble, which he dreads even more than the primary injury. I noticed also that Mr. Bowman alone brought together the remains of the muscles with ligature after an extirpation. The operations were performed with such ease as to give one the idea that eye-surgery was the simplest art practiced. I may say that the number of operations on this morning was rather more than I have usually seen, but scarcely a day passes without an amount of eye-surgery being witnessed there. I can hardly see how the clinical advantages of Moorfields could be exceeded. I did not meet at any time more than a dozen students following the practice there.

In the City Road is St. Mark's Hospital for Diseases of the Rectum. It owes its foundation to Mr. Salmon, who having made a fortune in this speciality left it for the benefit of sufferers from these diseases. It contains fifty beds, and on its operating days one never fails to see a number of rectal cases treated. Upon one afternoon there were as many as twenty-three cases, with sixteen operations; and I have seen nine operations in the course of an hour. The cases included fistula, piles, fissure, and prolapsus. The practice of the hospital in regard to piles is to incise them on their anal side, and ligate the remainder. This method was introduced by Mr. Salmon, and is rigidly adhered to wherever the pile is decided. The reason given is that the incision does away with the painful ulceration produced by the ligature, which is always on that portion nearest to the true skin, and the ligation secures the vessel alone which comes in from above. The nitric acid is used only in the granular pile. I notice that Sir Henry Thompson sticks to the ligature in internal pile. Mr. Heath secures it with Smith's clamp—cuts and

applies the actual cautery. All fistulas were cut at St. Mark's. No matter how far they extended into the buttock, or the extent of their ramifications, the sinuses were freely laid open. Stretching of the sphincter in fissure after Boyer's method is not used. Mr. Heath is the only one I have seen who advocates it. The method at St. Mark's is with the knife, and the incision is quite small. My attention was called to a useful piece of surgical anatomy in this connection to avoid incisions, at least of any depth, on the anterior side of the anus, for fear of incontinence. The fibers of the muscle radiating from this point, the incision is, as it were, multiplied. It is like cutting the handle of a fan. Clinical experience confirms the fact. Mr. Allingham told me that in cases of fistula of great extent, when the anus and buttock were burrowed like a rabbit-warren, he had performed colotomy in the loin with success; the fistula healing, and afterward the artificial anus closed. He had performed also the same operation for cancer of the rectum. The cases are published in the last volume of St. Thomas's Hospital Reports. I thought I would get the sense from these headquarters (if this be not a misnomer) of the rectum as to the performance of artificial anus in congenital absence. Mr. Garland, the senior surgeon, says that if it were left for him to decide he would not do it; thus agreeing with Gross, you see. The dressings at St. Mark's were invariably raw cotton introduced into the rectum, and allowed to remain until carried away by the fecal discharge. Mr. Garland was originally surgeon to the "London," probably the best surgical field in the metropolis; and, while a specialist in rectal diseases, his rank as a general surgeon is well acknowledged. I was told on all hands to visit St. Mark's; that I would be sure to see some new "dodges." My hours there were certainly profitably spent. The familiarity with rectal diseases, and the dexterity in dealing with them which these men have acquired, is marvelous.

I went one afternoon to the Samaritan's Hospital for

Women to see Spencer Wells operate in ovariotomy. The tumor was very large and the base so broad that he did not follow his usual method of treating the pedicle with the clamp, and bringing it outside. After evacuating the cyst he compressed the base with a large clamp, cut off the tumor, and applied the actual cautery most freely. The base of the tumor, while tightly secured in the clamp, was at least eight inches long by three quarters broad. The cautery was not sufficient to entirely check the bleeding, and several ligatures were applied. The pedicle was returned, and the abdomen brought together with silk ligatures. The dressings were raw-cotton compresses and a binder. I have it from Mr. Wells that he operated thirty-two times in private practice in the past year without the loss of a *single case;* that in twenty-five cases of hospital practice but four have died. I inquired to see if there was anything in the after-treatment to explain this extraordinary success. There was nothing peculiar in it but quiet and proper diet. There could be no selection either, if the case I saw was anything of a sample, as it certainly seemed unfavorable. I notice a free internal exploration of the abdomen by all the ovariotomists I have seen operate. Dr. Meadows said that in one instance, failing to do so, a second tumor passed undetected; and in the case in which I saw him operate a second tumor, so small as to have escaped the external diagnosis, was thus brought to light. Mr. Wells passed eight years of his life as a naval surgeon. It is curious that from the cock-pit of a man-of-war should come the first ovariotomist of the world. To my question as to the ultimate history of the returned pedicle when the cautery had been used, he said that experiment had discovered no slough, only the presence of the oxide of iron.

Orthopedic surgery is fully represented both by specialists and in hospitals. The institution on Oxford Street contains about eighty beds. Its out-practice, as is usual with hospitals, is immense. I made the visit with Mr. Adams and Mr.

Tamplin. Several operations were performed for talipes. Scarpa's shoe, with modifications by each surgeon, was generally used. Mr. Tamplin uses an extension splint of his own in morbus coxarius. Mr. Adams treats it with weight and pulley. I saw various machines for correcting deformities. I will spare your readers any description. Mr. Tamplin rather surprised me by announcing tartar-emetic as the remedy for rickets. He inveighed against the practice of breaking up fibrous adhesions in joints otherwise than by gradual extension.

The saddest sight in London that I have seen is the hospital for paralytics and epileptics in Queen Square. It is certainly one of the noblest charities that the great heart of London has established. It has, besides its city institution which contains eighty beds, a branch for convalescents in the country which accommodates half that number. Seated in its waiting-room the afternoon I was there were nearly a hundred patients. The greater number of them did not appear to be suffering from any bodily complaint; but as they came before the physician and told the same sad tale of epilepsy, what a death in life was revealed! "I was going soberly to my bed, sir, and thought I had reached it; but when I awoke I found I had fallen on the floor. Since then I have fallen many times." And another, a poor girl, neatly clad, with engaging features, when asked her history, turns sadly to the grief-stricken woman who accompanies her, with "Tell him, mother; I can not remember." Here too is a poor hemiplegic fellow who has learned to write with his left hand, and thus retains his place as a clerk. With what pleasure he tells that he is still able to earn a support! Men and women are rolled in in hand-carriages, and children at that age which we associate with romp and play still in arms. What pictures of devotion too do we see! Wife, mother, daughter, or sister living, it seems, only for the helpless ones; and the terrible question they ask, "Can anything be done?" Aye,

can anything be done? For the poor deformed creatures I saw at the Orthopedic there is oftentimes relief. The knife divides the tendon. Imperfect as it may be, this spring shall supply the place of that joint. This screw in time shall strengthen that leg. That little one shall grow beyond the remembrance of the pain suffered during his cure, and that its limbs were not as others were. The blind at least are cheerful. The whole world instinctively acknowledges their calamity, and a hundred eyes are ready to supply their wants. Do not men rather shrink from epilepsy? Will not this poor mother conceal if possible her child's misfortune from the world? Sad sights one may see in any hospital of want and suffering, but imprudence or crime fills many beds. This crushed limb too at least may be removed. This fever will wear itself away, or end in merciful death. Can anything be done? Will this poor girl's remembrance be restored? Will this little one join in the play of other children? Will God restore his right arm to this brave fellow who, half a corpse, still fights the hard battle of life? Ah, thank God that oftentimes something can be done—that much at least is doing! That if for these as yet "the fields contained no medicinal herb, nor the vexed ore some mineral of power," devoted men are still seeking them by day and by night.

I was really so impressed with the sad picture before me that I had little heart to examine its scientific points. Hughlings Jackson was occupying the chair. He spared no pains in showing me the practice of the hospital. He sifts the cases with extraordinary care. One would think that in dealing so much with the same disease he would fall into a careless, routine practice, but every case I saw was weighed upon its own merits. Organic disease is rigidly sought for. A physical exploration of the heart is given to every one, and an ophthalmoscope exploration of the retina always instituted for neuritis of the optic nerve as indicative of certain forms of brain trouble. The great remedy in epilepsy was, of course,

the bromide of potassium. I learned they consumed it by the hundredweight during the year at this hospital. I heard also that even in syphilitic hemiplegia the bromide had often been of more service than the iodide. Electricity was freely used in paralysis. The electric-room was well stocked with apparatus for the continued and interrupted current, and for static electricity. There was a Magnus battery of a hundred cells for the constant current, which was preferred. For portable batteries, Stöhrer's and Weiss's were preferred. Electricity has worked marvels here in a number of cases—principally marked, however, in hysteria. The static electricity had proved singularly beneficial in the neuralgias. Besides these means there was a gymnasium fitted up with various apparatus to call certain muscles into play. I learned that the hospital was supported by voluntary contributions, and that there was no lack of means. Most of the wards were fitted up with considerable magnificence in the way of furniture, pictures, etc. Pictures, by the way—very fine engravings—I find in all the hospitals here. I was told that there was a Mr. and Mrs. Chandler who, having sufficient to live upon, devoted their lives to obtaining subscriptions for this hospital, and were the chief means of keeping it so well supplied. God speed their work!

I must leave the hospitals for the present and go to other subjects while they are current. I heard last night at the Clinical Society the description of a case of encephaloid of the femur treated with electricity. The pain had gone beyond the control of morphine up to twenty-four grains per diem hypodermically, and enormous quantities of chloral. The continued current was used upon it, with the effect of destroying the pain and lessening the tumor somewhat, but death ultimately followed. Fourteen cases of cancer were also referred to by Althaus in which the remedy had been used. In all of them pain was destroyed. In two the tumor disappeared. In the remainder the disease progressed to death. The two

successful cases were in the breast; the others were advanced cancers of the womb. These are all unpublished cases. Althaus showed me to-day his apparatus, which does not differ from the ones figured in his book. The gilt needle for introducing the continued current, or when the tumor is large a number of them joined to one wire. The theory is (partly at least) that a caustic alkali is set free or formed interstitially. Twenty-five applications were used in one of the successful cases. During the treatment the patients experienced no inconvenience; attended as usual to their daily work and pleasure. Althaus holds a very prominent position in the profession here. He has a perfect command of English, and speaks with singular force and clearness. His conversation is charming. I have seldom spent a more interesting hour than I did in his study. He has a broad, high forehead, with a large, open face, lighted up with intelligence. With the most varied information on all subjects, he is as modest as a child. I am fully persuaded to electricity.

I suppose before this reaches you the matter of skin-grafting in ulcers will have been tried in Louisville. I heard it referred to in New York as I passed through. I send you a description of the method as used here, and the results. It comes from the continent, but was introduced into London by Mr. Pollock, at St. George's. A piece of skin about the eighth of an inch in diameter is snipped off any portion of the body and laid on the ulcer. If the sore be large, two or more of these centers are formed. Adhesive strips are put over them, with smooth surface downward, to protect them, and these secured with other strips put on in the ordinary manner. It is left alone for three days, when it will be found that the skin has taken root and forms a center for granulations, which rapidly proceed. At the same time the edges of the ulcer rapidly subside, and the cicatrization is soon accomplished.

I saw three cases at St. George's where this plan had been

tried. In one complete cicatrization had taken place in seven weeks—an ulcer which had remained open for ten years. Its original size was about four or five square inches. Another was one of similar character. The third was even more interesting. A child of ten years had a burn of the fifth degree, extending from her buttock to her knee. All the posterior muscles of her thigh were involved. For twelve months the sore refused to heal. Skin-grafting was tried, in January, by three or four centers taken from the arm. When I saw it, a week ago, the wound was healed to the size of a dime, and, most extraordinarily, the new tissue was soft and pliable as the adjacent skin, nothing like the usual cicatrix following burns. The contour of the limb was perfectly restored. There had been a considerable flexion from the hamstring muscles, which had been overcome by extension. This may seem marvelous—but wait. These new centers sometimes go for several weeks without the least signs of life, the ulcer in the meanwhile granulating, as if stimulated by their mere presence. Again, pieces of skin have been transplanted from a leg which has been amputated two hours, and have taken root in an ulcer, as in other cases. Further, and alas! for Mr. Darwin, a piece of skin from a negro was transplanted to the burnt child I spoke of, lingered a few days, and then sloughed off. Will any one believe we come by selection? The new centers show after healing like scars within the scar. I saw also a very interesting case of skin-grafting at Moorfields by Mr. Lawson. A boy had lost a lid by lupus. The cartilage was exposed and curled upward. There was no chance of a plastic operation from the cicatricial tissue of the cheek or forehead, as the pedicle would not sustain life. The upper and lower lids (what remained) were brought together with sutures and united. Two skin-grafts were taken from his arms and laid on the raw surface of the lid. They took root, granulated, and the lid was restored. It was then freed from the lower lid, and when I saw it it seemed a success.

Sir William Fergusson, in his Hunterian oration, refers this matter of skin-grafting to John Hunter. I declare it is too bad that every time one thinks he has something of his own some one else finds out that Hunter was before him. I am somewhat inclined to think that they are proving too much for the father of English surgery—just as every new step in civilization is claimed for China two or three thousand years ago. Mr. Gay, at the "Great Northern," showed me cases of ulcer treated in his way by radiatory incisions. In what I saw the skin seemed to be incised in the sound part on either side of the ulcer. Healing had rapidly progressed. His theory is that tension is thus relieved, and he was led to try it by the success he had with it in a case of cleft palate, where tension was evidently interfering with union.

While I am on the subject of ulcer, let me relate another plan I have seen since I left, although it was in New York. The genius of surgery seems to be alive in ulcers. One could wish they were productive of more fees. Dr. Lewis Sayre's plan—I understood him to claim it—was as follows: The ulcer was lightly incised two or three times by rapid strokes of the scalpel, which extended to the purple skin around. After the bleeding had ceased (it was promoted for awhile), the limb is strapped from the toes beyond the ulcer. As Dr. S. insisted there was something peculiar in this strapping, I relate the manner. Narrow strips, starting from the body of the foot, envelop each toe separately. A strip then of about an inch in breadth, commenced at the root of the great toe, comes around the heel and ends at the root of the small toe, or *vice versa*. I beg you not to put this strip on in any other manner. Don't, for instance, place the middle of it on the heel and bring the ends to roots of toes on either side—which plan might to the untutored mind seem the same—for Dr. S. took to task some Philadelphian who had thus reported him. A second strip of like width goes around the heel and up the leg at right angles to the other. So alternately until

the leg and foot are covered; and it really is covered in a very good manner in this way, whether Baynton ever knew it or not. A roller is placed over the whole and the dressing allowed to remain on *until soiled by the discharges.* It is then removed, the discharge wiped away, being careful not to touch the seat of ulcer, and a new strapping put back. In this manner Dr. S. says that the best results are obtained; that the patient, so far from being disabled from work, should be encouraged to exercise; that the cure is rapid, complete, and secure from relapse. He gave it the decided preference over skin-grafting, and especially over the Philadelphia method of dirt poultices, which, he said, began with giving a man six inches and ended by presenting him with six feet of our common mother. I have no intention of entering further into the subject of ulcers, to describe, defend, or condemn the practice of our Philadelphia brethren who use the dirt. I merely introduced it to show the differences which exist in the provinces in the matter of open sores. But I did not come abroad to see ulcers, and you may think it time I was relating some heavier surgery.

There has been quite a run on the subclavian artery during the past month in London. In addition to the cases I sent in my last, it has been tied in two others, for aneurism, by Mr. Gay and Sir William Fergusson. In the former case it was for spontaneous aneurism, and each artery was involved. The right artery was tied, and the case progresses favorably. I saw it a few days ago, on the fourteenth after the operation. The temperature had gone up the night before to 104 degrees, and a slight hemorrhage had occurred. As this was about the critical day, this might seem suspicious, but there was hardly evidence that the blood came from the main artery. Sir William Fergusson's operation was on the 11th of April. It was an illustration of the strange law that these things come in pairs. In forty years' practice he said he had tied that artery but once. Now two cases come to him

in a fortnight. His last was a traumatic and rapidly increasing aneurism, caused by a pitchfork. The operation was done in fifteen minutes. The jugular was tied and divided, and as many as six small arteries were ligated before the main vessel was reached. It is an interesting sight to see that grand old surgeon at work. He must, from descriptions I have heard, resemble Liston in many points. Both were Scotch—both retained their love for native heather—both of massive build and determined will. I have heard it said of Liston that he was strong enough to crush a femur with a pair of bone-forceps. I should think Sir William were fully able to do so. His lion-forceps came from a proper source. As he turns to speak to the class he is the very picture of a leader. With thumbs resting in his pockets, body inclined forward, and one eye half closed, as if he were telling you this in a very confidential manner, there is a carelessness of expression about him that would always win young men. Students regard him with a sort of awe. I would as soon speak to the Queen, said one to me. I imagine, from what I saw, he retains his Scotch brusqueness. A surgeon in the area was rather officious during the operation. He quietly laid down the knife, took him by the shoulder, and pointed him to a seat, without a word. Mr. Maunder's case of subclavian ligature I sent you in my last is dead. Pyæmia again is the cause, as in Sir William Fergusson's first case. I saw at Bartholomew's two thigh amputations, by Mr. Holden and Mr. Savory. Both used skin-flaps. Mr. Holden reported seven successful cases, with no deaths, during the last year, and was disposed to believe the success was greatly due to the method of making the flap. I have seen a great deal of Mr. Savory since I have been in London, in the wards, the theater, and as examiner at the Royal College of Physicians and Surgeons, in anatomy and surgery. I shall recur to him in a subsequent letter. In the meanwhile please to take my word, he is as strong a man as the metropolis can show.

R. O. C.

Reviews.

Transactions of the Obstetrical Society of London. Vol. XII. For the year 1870. London, 1871.

We can not give even an epitome of all the papers in this most valuable volume. The limitation of space, as well as the practical character of this journal, would forbid it. We shall therefore endeavor to select from the rich material offered some of the more important and useful lessons that are taught.

Dr. Routh narrates a case of *absence of the vagina, with retained menses in the uterus and fallopian tubes.* Patient fourteen years old; breasts, mons veneris, clitoris, and labia majora well developed. There was no vagina, but a sort of cæcum about half an inch long. The finger passed in the rectum two inches detected a fluctuating tumor about the size of a large child's head. A vagina was made, partly by incision, principally by tearing, and the uterus punctured with a trocar, when a thick dark crimson fluid was slowly discharged, its escape being assisted by the injection of a weak solution of iodine in water. The canula was replaced by a large gum-elastic catheter, which was fastened by tapes. The patient died on the seventh day, and the post-mortem showed peritonitis consequent upon rupture of one of the fallopian tubes, both of which were dilated, and escape of a portion of its contents. Dr. Routh believed it would have been better to make two operations — one, puncture per rectum, then subsequently the making of a vagina; while Spencer Wells believed the practice pursued in the case was the best which could have been adopted.

We can not refrain from remarking that the operator violated in two respects the directions laid down by Bernutz* to be followed in similar cases. The puncture should be made with a trocar of small diameter, such as that used for hydrocele. There should be no washing out of the uterus, and no sound or canula should be left in the puncture; "for a too rapid depletion of the uterine cavity may determine by synergy contractions of the tubes which are especially to be feared," in that such contraction may cause rupture of either of the tubes, or otherwise effusion of their contents into the peritoneal cavity.

Dr. Hicks is the author of *a contribution to our knowledge of puerperal diseases; being a short report of eighty-nine cases, with remarks.* Dr. Hicks teaches that very few cases of severe puerperal disease occur "in private practice which have not been somehow associated with some zymotic disease or some well-known animal poison." The poison of scarlet fever, for example, accounts for one half of the cases of puerperal diseases. The practitioner should urge most strongly the removal of a pregnant woman from this influence. Dr. H. concludes his contribution in these words:

"Again, with regard to the medical attendant, although I have found some fully aware of the risks of carrying scarlet fever, erysipelas, etc., to the woman in labor, yet I have met with not a few who either have not taken care or have not been fully alive to the danger in which they are placing their patients. I would not unduly blame, but I should be suppressing facts of the utmost importance were I not to mention that which has occurred many times in my attendance on the cases narrated in this report. It is well to keep three suits of clothes in use when attending such cases, keeping those out of use before a very warm fire or hung out in the open air; the hands to be frequently washed, the nails short,

* Clinique Medicale sur les Maladies des Femmes, tome premier, page 303.

and a good walk in the air should be taken before going to any other patient.

"Where there are partners it is advisable for one to attend the contagious diseases, leaving the other to manage the midwifery, at least as far as possible. In any case too much care can not be taken to prevent the lying-in woman being exposed to the chance of contagion. The same rule should apply to the nurse, who should always be questioned on these points. Indeed, the tendency of woman's dress to retain contagion, and the tendency in the class generally to conceal facts, require more than usually close inquiry. In short, to impress on ourselves the necessity of every care lest we should convey these diseases, upon the public the necessity of strict separation of the pregnant woman from scarlet fever and other contagious diseases, upon nurses the need of strict purification, and upon the legislature the extreme importance which the checking of these diseases is to the mother, is the duty which appears to be impressed upon us after a perusal of this report."

Fundal endometritis is discussed at some length by Dr. Routh. Dr. R. bases his making this new variety of endometritis upon anatomical grounds and clinical facts; upon the former because that portion of the uterus situated between the oviducts has a different nervous supply from that of the body and from that of the cervix. Four forms of the disease are described, viz., convulsive, obstructive, chronic, and acute.

Treatment. "In the first variety, chloroform during the paroxysm, copious local depletion of the uterus, and active measures to bring about the catamenia, is the treatment indicated. Nature seems to point out in these cases the salutary effect of a copious catamenial flow. Any remedies also which may tend to allay sexual excitement are indicated; and such we have in bromide of potassium and digitalis, which should be given in large doses, of the former half a drachm, of the latter one drachm a day. Leeches to the

anus, better still to the uterus itself, and especially blisters at the hypogastrium and back frequently repeated, are the local depletive measures I have found most useful. Dr. Chapman's *warm*-water bag to the back is also most useful.

"In the second variety, so soon as all inflammatory complications have been removed, the treatment is dilatation by sponge or sea-tangle tents, and the wearing an internal pessary if it can be borne, so as to give free exit to the mucopurulent discharges of the cavity. These latter pessaries, however, in this disease are only exceptionally borne. If they give pain they should be at once removed; at no time are they so likely to give rise to cellulitis. Where tents can be borne, after dilatation an injection of tr. ferri sesq. or tannin, followed by full doses of secale and iron internally, will oftentimes cure the disease. The same regard to enforcing quietude to the sexual organs should be had in this as in the former variety.

"The treatment of the third variety is less satisfactory, still the indications are the same. Here, however, the hysterotome may be used freely to lay open the internal os; for I have found that it is here especially that the greatest difficulty seems in the use of sponge or sea-tangle tents. Subsequently injections of iron may be used with advantage. When all inflammation has passed away, and when all that remains is a gromous, thick, uterine discharge, then a thin piece of caustic may be passed into the cavity and left there. It may give rise to some colicky pains, but is often effectual in bringing about a cure.

"The treatment of the last and fourth variety is not usually successful. The recoveries are the exception. They are those of acute peritonitis, with more or less toxæmia. Among the remedies best borne are large doses of opium and blisters, and frequent injections of warm water per vaginam. In the acute cases a period of one week, in the subacute of three or four weeks, is the duration of the disease. The recovery

even when it occurs is long and often doubtful, and patients even then long continue invalids."

Temperature variations in the diseases of children is the subject of an elaborate paper by William Squire, L. R. C. P., London. Mr. Squire shows that in some of the exanthemata the development of the eruption is followed by a fall of temperature; in others no such tendency occurs. Measles and scarlet fever are representative of these two diseases. He still further shows the value of temperature observations in diagnosis in this, that thus typhoid fever in its ataxic form, when it presents the greatest resemblance to meningitis, is readily discriminated from it; that dysentery and enteritis are easily distinguished from the slighter forms of typhoid by their lower range of temperature, etc.

The author believes that communication of scarlet fever from one person to others in the same household, even where there are several children, is generally preventable. Let there be a separate room for the sick, having as little furniture as possible; a sheet or linen curtain, on which disinfectants can be sprinkled, hung over the door; no carpet or rug in the hall by the door; strict cleanliness within the room; immerse in water containing a disinfectant everything removed from the room; begin disinfection with the body of the patient; use olive-oil, containing one twentieth of carbolic acid, to the surface; an intelligent attendant, and a sufficiently prolonged isolation. Pursuing this plan in repeated instances, one child in a family of five or six children has had scarlet fever and the rest escaped. "Even where, in a family of three children, with but a single sleeping-room, part of it only could be set apart for the treatment of a child seized with scarlet fever, the intelligent application of these principles secured the immunity of the rest." Mr. S. believes that six weeks is the least time allowable for the persistence of personal infection, and that the period of incubation in this disease varies from a few hours to five days.

He advocates the use of quinine in those disorders attended with high temperature; and states that since using this agent early in scarlet fever whenever there was a tendency to a high night temperature, and consequently to nocturnal delirium. the temperature never reached so high a point as it frequently does when not checked in this way (this effect is equally remarkable in diphtheria), and in none of the cases thus treated did albuminuria occur.

The author further states that cinchonine has been found to have the same effect as quinine. The muriate of cinchonine is cheaper, and the powder may be given in any dose in wafer-paper, or it may be dissolved by a very little phosphoric or hydrochloric acid, and given mixed with water and glycerine. "By means of cinchonine and quinine in five or ten-grain doses the night fever of tuberculosis has been arrested. More than once has tuberculosis itself been arrested. The febrile stage of many diseases may thus be shortened or greatly controlled, and not only discomfort but danger avoided."

A suggestion is made as to the hygienic indication of a low temperature. Where a temperature as low as 97° F. is found in the night in children, there is also a low range of temperature in the day; and there seems to be a special connection between this and a dislike or deprivation of fatty food. The author frankly observes that "this point might eventually be found useful in correcting the diet tables of work-houses and schools." Why not medical inspectors for our poor-houses and boarding-schools, who by inexorable thermometers shall learn the dietaries of these establishments, securing the inmates proper and abundant food despite the greed or ignorance of their keepers! The revelations of science are wonderful when the swift-footed mercury, traveling backward and forward in a glass tube, can tell what one has eaten! The utilities of science are great when these revelations can be made at once conducive to good health and to good morals!

Dr. A. Wynn Williams reported *cases of cancer of the womb successfully treated by bromine.* The general opinion of the Fellows was that the cases were not cancer—an opinion the correctness of which we do not doubt, for in some cases of epithelioma of the external generative organs, as well as in those of the neck of the womb, bromine in our own hands has been productive of only temporary benefit.

Dr. J. J. Phillips contributed a *case of uterine prolapse ending fatally from dilatation of the ureters and wasting of the kidneys.*

Dr. Adolph Rasch is the author of a paper on *air in the vagina*, the principal points of which are thus summed up: "1. No air enters the vagina of a female placed on her back. 2. In the prone position the abdominal walls and the contents of the abdomen fall outward, and cause a diminished pressure in that cavity. If the vaginal orifice be open air will enter, and so compress the expanded intestinal gases to their previous volume. 3. The force with which it enters, and consequently the quantity which distends the vagina, varies with the resistance offered by the abdominal walls to the gravitation and the degree of mobility of the viscera. 4. In replacing the female on her back, the abdominal walls and abdominal contents fall inward and expel the air again from the vagina. 5. Air will not enter the uterus unless distended by fetus, hand, or instruments. 6. In the position on the back we have an efficient means of keeping the air out of the vagina and uterus, and so preventing the deleterious consequences ascribed to its action on the vaginal and uterine contents. 7. In abscesses communicating with the upper part of the vagina this position will be of equal importance."

Tumors of the pelvis obstructing delivery was the subject of an interesting paper and discussion. The practice to be pursued in such cases is thus epitomized in the remarks of Dr. Barnes: Each case must be dealt with according to its individual features. We had to consider the size, position,

structure, attachments, firmness of the tumor, and its relations to the child. If the tumor is movable, and can be pushed up out of the way, by all means do it; but in many cases this is impossible. If it contain fluid, lessen its bulk; possibly it may be removed altogether. To obviate the danger of bruising or crushing the tumor from the passage of the child—which may cause septicæmic fever—it was necessary, where you could not reduce the tumor, to reduce the bulk, of the child; and in extreme cases, where the tumor grew from the walls of the pelvis, was insusceptible of diminution, and left too little room for operating upon the child, you might as a last resource be driven to the cæsarian section.

A case of extraüterine pregnancy, the fetal cyst being formed of the left ovary and the fimbriæ of the left fallopian tube, is given by Dr. J. Hall Davis. Rupture of the cyst took place at eight months, and the patient died. The most remarkable fact in the case was that the fetus should continue to grow until eight months had elapsed; rupture of the cyst in tubal pregnancy usually occurring at two or three months, in ovarian at four or five.

Abortion at four and a half months, with retention of the placenta for two months, no offensive discharge or hemorrhage occurring meanwhile, occurred in a case reported to the society; while in another case abortion took place at seven weeks; the placenta retained seven weeks longer, and death followed. The reporter of the second case alluded to makes the following remarks, which should be remembered by every physician: Whenever indeed an abortion is followed by hemorrhage continuing from day to day, it may be confidently assumed that some portion of the secundines has been retained. Leroux alludes to this hemorrhage as an infallible sign of retention of the placenta, or a portion of it; retention of the secundines causing, like polypus or fibrous tumors, irritation and congestion of the mucous membrane and hemorrhage.

T. P.

Clinic of the Month.

THE EXTERNAL USE OF DIGITALIS.—Dr. E. F. Fussell claims that the external use of digitalis is often followed by the best effects. Locally it is deobstruent and antiphlogistic, and becoming absorbed exerts its peculiar action upon the renal and circulatory systems. He has applied it in the form of a tincture sprinkled over spongio-piline wrung out of boiling water. In one instance this application was followed by excessive vomiting and syncope with prostration, showing undoubtedly that the agent had been absorbed through the skin. (British Medical Journal.)

ECZEMA OF THE SCALP, EAR, AND EYELIDS.—The ointment of the oxide of zinc, so valuable in the treatment of eczema situated elsewhere, is unsuitable on the scalp, in consequence of clogging the hair and giving rise to much inconvenience. Dr. Erasmus Wilson states that for eczema in this locality a far better remedy presents itself—namely, the red oxide of mercury ointment, diluted with benzoated lard, in the proportion of one part to three of the diluent. Neither powder nor lime-water lotion nor zinc ointment would be suitable for the eyelids or within the meatus aurium, but an excellent substitute will be found in the glycerole of tannin. *(Ibid.)*

THE USE OF EARTH AS A DRESSING IN SEVERE BURNS.—In severe burns of all degrees Dr. Addinell Hewson (Medical Times) advises the use of earth, applied in the form of a dry powder or thick paste. He applies the earth powder or paste

to the affected surface; over this he places waxed blue paper, and confines all by the bandage. It is claimed that by this method the pain is greatly relieved, the discharge absorbed, fetor diminished, and that the healing process is quickened. Reparation by scabbing is promoted, and the production of nodular cicatricial tissue prevented.

Caustic Solution of Chromic Acid in the Treatment of Incontinence of Urine in Females due to Enlarged Urethra.—Notes of three cases of this affection are furnished by Dr. Aug. C. Kinny. Dr. R. states (Medical Record) that the solution used was that of chromic acid and water, equal parts, and was applied by means of a small tightly-wrapped cotton swab. The manner of applying it was as follows: Having wiped the parts dry and applied sweet-oil over the tissues surrounding those desired to be touched, the swab, dipped in the solution, is passed over the meatus urinarius, over the mucous membrane surrounding it for one fourth to one third of an inch each way, and down into the urethra at least three fourths of an inch from the meatus, thoroughly cauterizing the mucous membrane. A thin slough comes away in a few days, and the urethra begins to contract rapidly. As the canal becomes contracted, and the urethritis occasioned passes away, the patient improves and is finally cured.

Raw Beef in Anæmia.—Jas. S. Bailey, M. D., of Albany, N. Y., is of the opinion *(ibid.)* that in the anæmia of young girls just verging into womanhood there is nothing that so speedily relieves this condition as lean raw beef. There is usually an aversion to any food at this period of a solid nature; but, upon the contrary, a craving for pastry, pickles, knicknacks, etc. Upon many occasions he has insisted strenuously upon a change in the mode of living in this respect, and placed patients, if not upon raw beef, upon beef underdone for a diet, and they have invariably experienced marked

improvement. It imparts tone to the organs of digestion; by it the blood made is improved in quality. He is quite certain that in tardy menstruation, if instead of administering ferruginous mixtures should the diet alone be changed as suggested, and the meals served regularly, with an abundance of exercise in the open air, many females instead of dying prematurely would be restored to usefulness. Many women acquire the habit of abstaining from food at breakfast, and soon, if food is taken, the stomach rebels. Experience has proved that the healthy stomach requires a supply of food every six hours during wakefulness. Any departure from this established law produces derangement in digestion, and the system must necessarily suffer the penalty for this infringement upon the laws of health.

Camphor in Hospital Gangrene.—M. Netter, of the Military Hospital of Rennes, has found (*Gazette Medicale*) camphor, in powder, very efficacious in hospital gangrene, by sprinkling it abundantly over the wound. In his service, as well as in that of M. Aubry, surgeon of the same institution, they had treated this affection by the usual means—chloride of iron and carbolic acid with alcohol—but without success. By using very freely the powdered camphor, three patients were successfully treated, and in forty-eight hours the disease disappeared from the hospital. (New York Medical Journal.)

The Connection Between Ruptured Perineum and Prolapsus Uteri.—Dr. Bell is of opinion that the perineum is not a very important organ in the support of the uterus. The principal structures concerned in the support of the womb are the vagina and uterine ligaments, especially the round ligaments. This is shown by the fact of the right round ligament being shorter than the left, in order to guide the uterus to the right side. There may be a ruptured perineum without procidentia. It is doubtful if the perineum

can be of much use in counteracting the pressure downward of the diaphragm, for in straining there is no tension of the perineum. He has seen some cases in which the perineum had been restored by operation, and the uterus came down notwithstanding. (Edinburgh Medical Journal.)

THE ACTION OF MERCURY ON THE LIVER.—In an interesting paper on this subject *(ibid.)* Dr. Fraser states, as the result of an extended examination of the various doctrines respecting the action of mercury on the liver, that this substance undoubtedly exerts a cholagogue action in so far that by its influence the flow of bile into the intestinal canal may be increased. It has further shown that there exists some evidence in favor of the doctrines which imply that mercury may increase the formation of bile by a direct and indirect action on the liver, and also by an action in virtue of which various abnormal conditions that interfere with the secreting functions of this organ are removed.

The evidence in favor of the latter doctrines is by no means satisfactory; and on this account it is to be regretted that the experimental investigations we have referred to are inconclusive, and therefore of no value in increasing our knowledge. The present state of therapeutics earnestly calls for more certain, exact, and positive information respecting the action of remedies and the pathological conditions in which they are exhibited. Until this is obtained the practice of medicine must be founded on more or less unsatisfactory indications; but it is quite unjustifiable to urge that because our knowledge is imperfect therefore the results of empiricism, even when most valuable and undoubted, are to be discarded. Empiricism shows that mercury is beneficial in certain diseases, and that it acts in certain conditions as a cholagogue; but we are not entitled to discard its use because our knowledge of the mode of action and of the pathological conditions in which it is indicated is imperfect. More or less

vague indications must undoubtedly be trusted to, erroneous applications must frequently be made, and an indiscriminate and injudicious employment must often occur and call forth wise remonstrances, or give an opportunity for the assertion of injudicious prejudices. A therapeutical doctrine founded on plausible evidences, even when this is insufficient to establish it on a firm basis, will, however, remain a proper though unsatisfactory guide for practice so long as the reasons advanced against it are themselves inconclusive and unsatisfactory.

PLASTER-OF-PARIS BANDAGE IN THE TREATMENT OF FRACTURE.—Professor Henry B. Sands, M. D., of New York, furnishes the New York Medical Journal a paper on this subject, based upon the history of ninety-three cases of fracture of different bones, divided as follows: seven of the fore-arm, seven of the humerus, three of the patella, fifty-three of the bones of the leg, and twenty-three of the femur. Firm union was obtained in all the cases except one; in this, a fracture of the leg, the patient had constitutional syphilis. Dr. S. advocates the immediate application of the dressing. During the application, and until the bandage has become firm, care should be had to preserve the proper position and length of the limb. Dr. S. uses the plaster after the method originally recommended by Mathijsen, in 1852. He regards the plaster as better calculated to prevent motion between the fragments than any other dressing yet invented, and concludes his excellent paper in these words: "It affords a safe and reliable means for securing the fragments immediately after the accident, and in point of safety and efficiency it is far superior to the starched bandage, with which it is usually compared. It is safer, because it can be applied more evenly, and therefore with less risk of constricting the limb. Moreover, experiment has demonstrated that it undergoes no alteration in size or shape while drying; on the other hand, the materials entering into the composition

of the starched bandage either shrink or expand during this process, thus causing corresponding changes in the bandage itself. As a means of coaptation it is more certain, on account of the rapidity with which it hardens, whereas the starch-bandage remains more or less soft and yielding for a period of twenty-four hours. This property of the plaster-bandage enables the surgeon to make powerful extension, if necessary, to maintain the fragments in apposition till the bandage has grown firm, after which the limb may be left to itself without the danger of further displacement. The security which the bandage affords is especially marked in cases of fracture occurring in restless children, in the insane, and in persons suffering from delirium tremens. Another advantage in these cases is derived from the fact that the bandage is not readily soiled or loosened by contact with fecal or urinary discharges."

Hydrate of Chloral.—Professor S. G. Armor, in a valuable paper on the action of this drug, says: "1. Although a valuable sedative in cases of morbid wakefulness and general irritative action of the nervous system, it can not always be relied on as a substitute for many of the old and well-tried anodynes and nervines of the materia medica. 2. In a certain proportion of cases it produces unpleasant symptoms, such as gastric distress, difficult breathing, partial paralysis of the organs of deglutition, great restlessness, and sometimes coma. These are largely exceptional, however, to its general action. 3. These unpleasant symptoms are, in many cases, obviated by administering an opiate in small sustaining doses to the nervous system before administering the chloral—say, one twelfth of a grain of morphine, or its equivalent of some other preparation of opium. The action of small stimulating doses of opium, administered twenty or thirty minutes before the chloral, appears to be antagonistic to its sometimes depressing effects. 4. The action of chloral is somewhat peculiar on the brain; it intensifies the action of alcohol by adding

to its intoxicating properties. Great care should be exercised therefore in administering both agents at the same time, and in administering chloral with chloroform or ether. 5. It also intensifies the action of the so-called "*delirients*" of Headland; namely, belladonna, hyoscyamus, and stramonium. Full doses of neither of these articles should be administered with full doses of chloral. 6. It is very sensitive to certain chemical reägents, especially those of organic origin. It should not therefore be allowed to stand long dissolved in syrups; nor should it be combined in any mixture containing organic matter. It should be dissolved in simple water, and, like all salines which act by absorption, should be well diluted either before or after taking. 7. It should never be administered on a full stomach, neither an empty one; intermediate periods are better. A good rule is to select a period when the stomach is empty, and have the patient take a small crust of bread, or a cracker, ten or twelve minutes before taking the chloral. 8. Its action is somewhat transient. In two or three hours the dose must be repeated if the first produces no effect, or if we desire to protract the action of the drug. In urgent cases two or three doses can be administered at shorter intervals. 9. The dose varies in proportion to the amount of nervous irritability or morbid wakefulness. Eight or ten grains, repeated every hour, or a larger amount every two hours, until twenty or thirty grains are taken, is usually sufficient to secure the specific action of the drug; although in severe cases much larger doses may be administered with safety. In a severe case of delirium, occurring during the progress of a continued fever, in which all the usual resources for securing sleep had failed, I advised that the patient take a drachm of the chloral at one dose. It had no other effect than that of producing quiet and refreshing sleep. The patient had taken several twenty-grain doses without any effect. These large doses, however, are not advisable, and should never be resorted to except in desperate cases, when

other means and smaller doses had failed. 10. The protracted use of the drug is not advisable. It should be prohibited. It weakens the general vital forces, destroys the healthy tone of the nervous system, and tends to the production of anæmia." (Michigan University Medical Journal.)

Treatment of Palpitation of the Heart.—Frederick B. Nunnely, M. D., London, after admitting (London Lancet) that a scientific classification of causes of palpitation is not at present possible with our slender knowledge of its pathology, etc., lays down the following rules of treatment: "The removal of the immediate *cause*, when this can be ascertained, is the first indication. If strong tea or tobacco-smoking is at fault, this should be prohibited. If acidity of the stomach is the cause, a few grains of bicarbonate of soda, with a little magnesia, will give relief. An endeavor should be made to reduce the nervous susceptibility so frequently present, especially in women, by inculcating habits of self-control; and, to this end, change of scene and of society, as well as some occupation, are valuable aids. Overwork, of the brain especially, and of the body should be avoided, and the encouragement of the depressing passions should be firmly discountenanced. The diet should be adapted to the digestive powers; this is most essential in middle and advanced life, and the irritative dyspepsia often present should be treated. The bicarbonate of soda, with ammonio-citrate of iron, shortly before meals, is very useful for the purpose. Regular and moderate exercise in the open air is desirable.

"*Reconstituent remedies* of all kinds are of great service, especially iron, not only in marked cases of anæmia, but whenever the general health and tone of the system are impaired; the solution of the sesquichloride of iron is a convenient form, in doses of from fifteen to thirty minims. In those chronic cases in which the health improves under such treatment, whilst the palpitation persists, I have found

the liquor arsenicalis, in doses of three minims and upward, give relief in two or three days' time. Cod-liver oil may often be given with advantage.

"*The diffusible stimulants and anodynes* are all useful, particularly during attacks of palpitation. They relieve the faint, sick feeling, and the pain; and sometimes lessen the irregular action of the heart and promote sleep. The most valuable of them for the latter purpose is chloral, in doses of ten to thirty grains, once or twice during the night; since sleep follows its use in a few minutes, and nausea and constipation are not experienced the next day, and very rarely headache. Its continued use does not appear to be attended with inconvenience. Opium is useful, but it is not so well borne; it is best associated with ammonia and spirit of chloroform. Digitalis, except in the obviously weakened and dilated heart, has no marked effect; but in such cases the infusion, in doses of two drachms and upward, is most valuable. Of all remedies, I have found the subcutaneous injection of morphia to be the most trustworthy; it nearly always alleviates and very frequently cures the complaint after a few repetitions. One twelfth to one tenth of a grain is a sufficient dose to begin with, and there is little occasion to exceed this quantity. The injection should be repeated every third or fourth day. Though the arm is the most convenient place to insert the needle, the injection is sometimes more effectual at the præcordia. When morphia fails, or is not tolerated, atropine may be substituted, but is not, I think, so useful. If the prick is objected to, the morphia may be applied to the derma denuded by a small blister raised with ammonia, as Trousseau recommends. The hypodermic application of morphia has the additional advantage of relieving pain.

"*Local applications* are of great service. Belladonna and its preparations stand in the first rank of these. The ordinary belladonna plaster, of good size and renewed every week or ten days, is very convenient and effective. It presents

three special advantages—it protects the chest walls, which are tender, from the pressure of the clothes, and seems to deaden the painful impulse of the heart; besides this, it impedes slightly the free movement of the parts, and thus obviates the muscular pain often present. Another good application is a mixture of equal parts of belladonna and of liniment of chloroform, sprinkled on cotton wool. Hot linseed and mustard poultices are soothing, and are easily obtained.

"Two methods of direct mediation of the pneumo-gastric and sympathetic nerves have been proposed, which are steps in the direction of scientific therapeutics and well deserve study. Dr. Althaus has advocated the application of the galvanic current to these nerves in their course, and Dr. Augustus Waller their compression in the neck by the thumbs."

Notes and Queries.

Is Opium Injurious in the advanced stages of Enteric Fever.—Dr. Eastman, of Brownsburg, Ind., writes, in opposition to Dr. Merrill's statement (*vide* American Practitioner, page 263), that he has found opium exceedingly injurious in the advanced stage of enteric fever. He believes Dr. M.'s opinion contrary to that of some of the most competent observers. Thus Dr. Wood (*Theory and Practice*, vol. i, p. 344) says that opium is an admirable remedy in enteric fever, especially in the latter stages, on account of its stimulant powers; and serves throughout very important purposes, such as relieving nervous disorders, promoting sleep, checking diarrhea, inducing perspiration, and in the latter stages may be given freely as a stimulant. Dr. Watson, in speaking upon the same subject in his classic lectures on *Practice*, says that opium, when judiciously administered, will often save a patient who would inevitably sink without it.

Dr. Latham observes, simple wakefulness may be gently lulled to sleep by a few drops of laudanum; but wild delirium requires to be mastered and, as it were, forced into repose by a much larger dose.*

Dr. Merrill's experience seems to be at variance with that of Sydenham, and with that of nearly all our close observers since, including Dr. Flint, who has found that "full doses of opium exerted a decidedly beneficial influence upon the symptoms and even the duration of the disease."† Again,

* On the Use of Opium in Fevers, London Medical Gazette, 1857, vol. x, p. 10.
† Clinical Reports, page 266.

he says to procure sleep is desirable, not only for immediate comfort, but as a means of averting ataxic symptoms. A full opiate will often prove beneficial. An opiate sometimes procures refreshing sleep in the place of pseudo somnolence or coma vigil; the latter condition, not denoting a tendency to true coma, does not contraïndicate the trial of opium.*

These symptoms certainly come on in the advanced stage of the disease; and if, as we have good authority for believing, opium will replace a restless night by one of refreshing sleep (and a patient who passes three restless nights almost surely dies), it is of decided benefit, for the exhausted nervous system is in great need of "nature's sweet restorer."

For myself I do not claim unusual success in the management of this disease; yet in an experience of eight years, both in connection with one of the largest military hospitals in Washington and in private practice, I claim that it has been none the less for a constant use of opium; and in the more formidable types of this often fatal scourge I could not be induced to drop opium from my list of therapeutic agents. It will be seen that I am advancing no theory for the action of the drug, whether it acts on the vaso-motor nerves, thereby producing anæmia of the brain, or whether it simply procures rest of mind and body in some unknown and mysterious way. I have aimed to present what competent observers have come as near proving to be a fact as any fact in medical therapeutics; namely, that opium, when judiciously administered in the advanced stages of enteric fever, is a most precious if not an indispensable remedy.

Sulphate of Quinine in Obstetric Practice. — The action of quinine upon the gravid uterus has been alluded to several times in our pages. Most of those who have expressed an opinion upon the subject deny this action. Quite skeptical as to the ecbolic power of quinine as we

* Practice of Medicine, third edition, page 842.

have been, there recently occurred in our own practice a case in which this agent, administered for an intermittent on two successive days, was followed by labor at eight months; fifteen grains of quinine in five-grain doses at three hours' interval the first day, ten grains in the same dose and interval the second day; labor pains the first afternoon, dying away in the evening; they recurred the next afternoon, and the infant was delivered within six hours.

In a recent number of the Lancet we find the following extract, which we have no doubt will be of interest.

Dr. Monteverdi considers (*Nuova Lig. Med.*, No. 4, 1870) that he has discovered new properties in this salt. According to the author, it acts not only as a general tonic, but also directly on the uterus, causing contractions, which lead to the expulsion of the fetus and placenta. In this respect the quinine is thought greatly superior to ergot, as it does not, like the latter, act injuriously on the fetus; nor is this all, as the quinine may be used in cases of narrow pelvis, undilated os uteri, and before the escape of the amniotic fluid. It may also be given in the hemorrhage occurring in pregnant women, in amenorrhea depending on a torpid state of the uterus, and in puerperal fever.

An Ounce of Chloral Hydrate taken within Eight Hours.—A physician of this city writes: "A robust young man, who was suffering from nervousness and sleeplessness consequent upon a prolonged debauch, took one ounce of chloral hydrate, between eight o'clock P. M. and four o'clock A. M., in doses of from thirty to sixty grains. For forty-eight hours after taking the drug the patient slept profoundly, but could be sufficiently roused, when sharply spoken to, to answer in monosyllables, and though apparently asleep he says he could sometimes hear conversation going on around him. On waking from his two days sleep he says he felt as though he had been on a spree, and his first desire was for a drink of

liquor. No unpleasant results followed. For a year or more the patient has had chloral frequently and freely for delirium tremens. He took the medicine in this instance without consultation with his physician.

Chloral in Puerperal Convulsions.—Dr. W. A. Russwurm, of Independence, Miss., says: "I have recently given chloral a fair trial in two cases of puerperal convulsions, and consider it a *magnum donum Dei* in that frightful malady. The remedy was used by enema in drachm doses at first, and afterward in half the quantity, at intervals of a few hours to maintain its effects. From the presence of coma the patients were unable to take the medicine by the stomach. It quiets the nervous system until the poison in the blood has time to escape by the emunctories.